FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

☒ This is an **initial*** Statement of Organization

☐ This is an **amended*** Statement of Organization

*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding $750. Amendments should be filed within 10 days of change. Penalties may be imposed for late-filed Statements of Organization.

FORM DR-1 (Rev. 05/02)	STATEMENT OF ORGANIZATION

For Office Use Only

Comm. # 17722

Indexed

Audited

Computer

DISCLOSURE BOARD

JUN 1 8 2004

COMMITTEE NAME (Required by law)

Committee to elect Smith

4

IMPORTANT: Indicate type of committee you are reporting for:
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER (Required by law) *This address used for all reminders and correspondence)*

Name: W. David Smith

Mailing Address: 1225 Kent Ave

City, State Zip Code: Kanawha Ia 50447

Phone (641) 762-3667

e-Mail: wdsmith@comm1net.net

COMMITTEE CHAIR *(List additional officers on separate page)*

Name:

Mailing Address:

City, State Zip Code:

Phone ( )

e-Mail:

INDICATE PURPOSE OF COMMITTEE – Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought: County Supervisor

District: Hancock County

Political Party (if applicable): Republican

Year Standing for Election: 2004

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: Hancock

Date of Election: June 8 2004

Bank Account Name ↓↓

Pd by candidate with personal funds

Name of Financial Institution/type of Account ↓↓

Mailing Address ↓ ↓

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Candidate name & Address or **Parent Entity** (PACs, if applicable), **Affiliate, or Sponsor** ↓↓

Mailing Address ↓ ↓

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Phone ( )

e-Mail

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

(Statement of intent required by law for all committees, except state parties and central committees and committees using only personal funds.)

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) _____

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

'ATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of '50.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files ɔorts, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B d administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

W. David Smith

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

Date Signed

June 17 2004

Date Signed