

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

FORM DR-1 (Rev. 07/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

CHECK ONE:

- This is an **initial*** Statement of Organization
 This is an **amended*** Statement of Organization

**An initial Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.*

COMMITTEE NAME ↓ ↓
 Citizens for the Hotel/Motel Tax

OCT 20 2003

6

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

COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name ↓ ↓ Stephen Bakken	Name ↓ ↓ Jody Anderson
Mailing Address ↓ ↓ 616 Washington Avenue	Mailing Address ↓ ↓ 315 Stevens Street, P.O. Box 698
City, State ↓ ↓ Zip Code ↓ ↓ Iowa Falls, IA 50126	City, State ↓ ↓ Zip Code ↓ ↓ Iowa Falls, IA 50126
Phone (641) 648-2544	Phone (641) 648-2527
e-Mail _____	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: _____ District: _____
 Political Party (if applicable) _____ Year Standing for Election: _____
County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: _____ Date of Election: _____

Bank Account Name ↓ ↓ Citizens for the Hotel/Motel Tax	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Name of Financial Institution/type of Account ↓ ↓ Green Belt Bank and Trust/Premier Checking Acct.	Mailing Address ↓ ↓
Mailing Address ↓ ↓ 616 Washington Avenue	City ↓ ↓ State ↓ ↓ Zip ↓ ↓
City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Iowa Falls Iowa 50126	Phone () _____
	e-Mail _____

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

- The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
- That Iowa Code section 68A.6 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
- That Iowa Code section 68A.14 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.
- That Iowa Code section 68A.15 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
- A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.40 through 68A.42 and rule 351—4.25.
- That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

 Signature of Treasurer

 Signature of Candidate, OR, for all other committees, Chairperson

10/10/03
 Date Signed

Oct 15, 2003
 Date Signed

