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 $500. Amendments should be filled within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.*

FORM **DR-1** (Rev. 07/00)	STATEMENT OF ORGANIZATION

For Office Use Only

Comm. # 17640

Indexed

Audited

Computer

MAY 06 2004

COMMITTEE NAME (Required by law)

Huebolt for Supervisor

IMPORTANT: Indicate type of committee you are reporting for: 4

(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: Tim Meyer

Mailing Address: 1144 Benton Ave

City, State Zip Code: Wayland Iowa 52654

Phone (319) 256 6552

e-Mail:

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

Name: Laverne Huebolt

Mailing Address: Box 292

City, State Zip Code: Wayland, Iowa 52654

Phone (319) 256 7206

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:

Political Party (if applicable): Republican

Year Standing for Election: 2004

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

County: Henry

Date of Election: June 8, Nov. 2

Bank Account Name ↓↓

Huebolt for Supervisor

Name of Financial Institution/type of Account ↓↓

Wayland State Bank / Checking

Mailing Address ↓↓

205 W Main

City ↓↓ State ↓↓ Zip ↓↓

Wayland Iowa 52654

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

Laverne Huebolt

Mailing Address ↓↓

Box 292

City ↓↓ State ↓↓ Zip ↓↓

Wayland Iowa 52654

Phone (319) 256 7206

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 Henry 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

STATEMENT 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 $500.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to 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 and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer — Date Signed: 5/4/04

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson — Date Signed: 05/04/04