

RECEIVED
DISCLOSURE REPORT
JUL 20 2006
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Jawa

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

FORM DR-1 (Rev. 05/02)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

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

COMMITTEE NAME (Required by law)

TIBBEN FOR SUPERVISOR

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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)

COMMITTEE CHAIR (List additional officers on separate page)

Name: *JOHN TIBBEN*

Mailing Address: *P.O. Box 398*

City, State Zip Code: *VICTOR IA 52347*

Phone: *(319) 647-2248*

e-Mail: _____

Name: *JOHN TIBBEN*

Mailing Address: *P.O. Box 398*

City, State Zip Code: *VICTOR IA 52347*

Phone: *(319) 647-2248*

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: *IA COUNTY SUPERVISOR* District: _____

Political Party (if applicable): *REP* Year Standing for Election: *2006*

County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: *IA* Date of Election: _____

Bank Account Name: *TIBBEN FOR SUPERVISOR*

Name of Financial Institution/type of Account: *FARMERS SAVING BANK*

Mailing Address: _____

City: *VICTOR* State: *IA* Zip: *52347*

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor:
JOHN TIBBEN

Mailing Address: *P.O. Box 398*

City: *VICTOR* State: *IA* Zip: *52347*

Phone: *(319) 647-2248*

e-Mail: _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box:

- | | |
|--|--|
| (1) DONATED TO _____ COUNTY CENTRAL COMMITTEE | (6) PRORATED REFUND TO CONTRIBUTORS |
| (2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one) | (7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY) |
| (3) DONATED TO CHARITABLE ORGANIZATION (specify) _____ | (8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY) |
| (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one) | (9) OTHER (PACS ONLY). PLEASE BE SPECIFIC |
| (5) PARTISAN CONGRESSIONAL DISTRICT FUND | |

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

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 \$750.00 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 58B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

John Tibben
Signature of Treasurer

5-15-06
Date Signed
5-15-06