

FOR INSTRUCTIONS, SEE BACK OF FORM

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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. A candidate with an open committee that exceeds \$750 in activity for another office shall file within 10 days either a new or amended DR-1 disclosing information concerning the campaign for the new office sought.*

FORM DR-1 (Rev. 01/2006)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)

COMMITTEE FOR HEALTHY CHOICES

IMPORTANT: Indicate type of committee you are reporting for: 11
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee
 (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC
 (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)

COMMITTEE TREASURER (mandatory for all committees)

Name ↓ ↓ MICHAEL D. CABBAGE
 Mailing Address ↓ ↓ 3 CRESTWOOD CIRCLE
 City, State ↓ ↓ Zip Code ↓ ↓ IOWA CITY, IA 52245
 Phone (319) 354-7107
 e-Mail mdcabbage1@nchsi.com

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name ↓ ↓ MARK W. MARTIN
 Mailing Address ↓ ↓ 1150 SUNSET ST.
 City, State ↓ ↓ Zip Code ↓ ↓ IOWA CITY, IA 52246
 Phone (319) 354-1174
 e-Mail pastormwm@nchsi.com

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

Comment or description: _____
All Candidates Enter: _____
 Office Sought: _____
 Political Party (if applicable): _____
 District: _____
 Year Standing for Election: _____
 Bank Account Name ↓ ↓ _____
County/Local Candidates and Local Ballot Committees Enter:
 County: JOHNSON
 (If active in multiple ballot issue elections, attach list of counties)
 Date of Election: 11/07

COMMITTEE FOR HEALTHY CHOICES
 Name of Financial Institution/type of Account ↓ ↓ IOWA STATE BANK & TRUST / CHECKING
 Mailing Address ↓ ↓ 2233 ROCHESTER AVENUE
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓ IOWA CITY, IA 52245

Candidate name & Address or **Parent Entity (PACs, if applicable)**
Affiliate of Sponsor
 ↓ ↓ _____
 Mailing Address ↓ ↓ _____
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓ _____
 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 402 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.405 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. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form.
- That Iowa Code section 68A 503 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 301 through 68A 303 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.

Michael D. Cabbage
 Signature of Treasurer
Mark W. Martin
 Signature of Candidate, OR, for all other committees, Chairperson

3/5/07
 Date Signed
2/22/07
 Date Signed