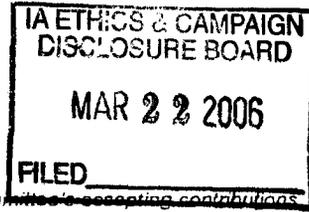


Kassuth

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. 07/00)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	<u>17893</u>
Indexed	_____
Audited	_____
Computer	_____

An initial Statement of Organization should be filed within 10 days of the committee accepting contributions, making expenditures or incurring indebtedness exceeding \$500. 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)

Lee Froehlich Committee

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 Kathleen Froehlich
Mailing Address 102 Linden View DR
City, State Zip Code ALGONA IOWA 50511
Phone (515) 295-5702
e-Mail _____

Name Lee Froehlich
Mailing Address 102 Linden View DR
City, State Zip Code ALGONA IOWA 50511
Phone (515) 295-5702
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: SUPERVISOR
Political Party (if applicable) Democratic
County/Local Candidates and Local Ballot/Franchise Committees Enter: County: Kassuth

District: 3rd
Year Standing for Election: 2006
Date of Election: NOVEMBER 7, 2006

Bank Account Name LEE FROELICH COMMITTEE
Name of Financial Institution/type of Account FARMERS STATE BANK, CHECKING
Mailing Address 501 E. STATE STREET
City, State Zip ALGONA IA 50511

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Lee Froehlich
Mailing Address 102 Linden View DR
City, State Zip ALGONA IOWA 50511
Phone (515) 295-5702
e-Mail _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

(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

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.

Kathleen Froehlich
Signature of Treasurer
Lee Froehlich
Signature of Candidate, DR, if PAC, Central Committee or Local Ballot Issue, Chairperson

3-18-06
Date Signed
3-18-06
Date Signed