

**FOR INSTRUCTIONS, SEE BACK OF FORM**

CHECK ONE:

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

IAETROS  
DISCLOSURE BOARD  
FEB 17 2004  
FILED

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

\*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** ↓ ↓  
 \_\_\_\_\_  
 The Committee To Elect Conlee Sheriff

**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

<b>COMMITTEE TREASURER</b> (mandatory for all committees)	<b>COMMITTEE CHAIR</b> (mandatory except for a candidate's committee)
Name ↓ ↓ Sara Statter	Name ↓ ↓ _____
Mailing Address ↓ ↓ 2805 Hwy 61 2521-290 <sup>th</sup> St	Mailing Address ↓ ↓ _____
City, State ↓ ↓ Zip Code ↓ ↓ Montrose, Iowa 52639	City, State ↓ ↓ Zip Code ↓ ↓ _____
Phone (319) 463- 5018	Phone ( ) _____
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: County Sheriff District: \_\_\_\_\_  
 Political Party (if applicable) Democrat Year Standing for Election: 2004  
**County/Local Candidates and Local Ballot/Franchise Committees Enter:**  
 County: Lee Date of Election: Nov 9 2004

<b>Bank Account Name</b> ↓ ↓ The Committee To Elect Conlee Sheriff	<b>Candidate name &amp; Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor</b> ↓ ↓ G Victor Conlee
Name of Financial Institution/type of Account ↓ ↓ Pilot Grove Savings Bank / checking acct	Mailing Address ↓ ↓ 115 Lynn St
Mailing Address ↓ ↓ 521 Main St	City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Donnellson, Iowa 52625
City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Donnellson, Iowa 52625	Phone (319) 835-5500
	e-Mail <u>scorpion@Iowatelecom.net</u>

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

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.

Sara N. Statter  
 Signature of Treasurer

G Victor Conlee  
 Signature of Candidate, OR, for all other committees, Chairperson

1-15-04  
 Date Signed

11-Feb 04  
 Date Signed