

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 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.*

Reset Form

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

COMMITTEE NAME ↓ ↓ NOV 12 2003

Tom K. Bice For Marion City Council

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

COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name ↓ ↓ Trudy M. Stenersen	Name ↓ ↓ Tom K. Bice
Mailing Address ↓ ↓ 1780 39th St.	Mailing Address ↓ ↓ 1640 Charleston Dr.
City, State ↓ ↓ Zip Code ↓ ↓ Marion, IA 52302	City, State ↓ ↓ Zip Code ↓ ↓ Marion, IA 52302
Phone (319) 373-1100	Phone (319) 377-9225
e-Mail trudystenersen@mchsi.com	e-Mail tkbice@hotmail.com

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

Comment or description:

All Candidates Enter: Marion City Council District: Marion

Office Sought: _____ Political Party (if applicable) NA Year Standing for Election: 2004

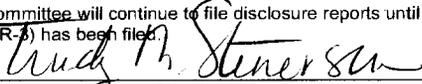
County/Local Candidates and Local Ballot/Franchise Committees Enter: Date of Election: 11/04/03

County: Linn

Bank Account Name ↓ ↓ Tom K. Bice	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Name of Financial Institution/type of Account ↓ ↓ Hills Band & Trust Co. / Checking Account	Mailing Address ↓ ↓ 1640 Charleston Dr.
Mailing Address ↓ ↓ 800 11th St.	City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Marion IA 52302
City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Marion IA 52302	Phone (319) 377-9225
	e-Mail tkbice@hotmail.com

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.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.
- 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.
- 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.
- 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.
- 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.



 Signature of Treasurer



 Signature of Candidate, OR, for all other committees, Chairperson

11-8-03

 Date Signed

11-8-03

 Date Signed