

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

Reset Form

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # <u>21168</u>	Indexed <u>sk</u>
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

Citizens for Marion's Future

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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

COMMITTEE CHAIR

Name
Charles E. Kress

Mailing Address
2745 Heather View Circle

City, State Zip Code
Marion, IA 52302

Phone (319) 377-5055

e-Mail chaskress@mchsi.com

Name
Dale E. Monroe

Mailing Address
1140 Indian Creek Circle

City, State Zip Code
Marion, IA 52302

Phone (319) 377-1100

e-Mail monroedjwd@mchsi.com

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

Comment or description: Committee is promoting passage of 1% Sales option tax

All Candidates Enter:
Office Sought: _____ District: _____

Political Party (if applicable) _____ Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: Linn Date of Election: 6/10/03

Bank Account Name ↓ ↓
Citizens for Marion's Future

Name of Financial Institution/type of Account ↓ ↓ ↓
Guaranty Bank, Checking Account

Mailing Address ↓ ↓ ↓
700 25th Street

City ↓ ↓ State ↓ ↓ Zip ↓ ↓ ↓
Marion IA 52302

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
↓ ↓ ↓

Mailing Address ↓ ↓ ↓

City ↓ ↓ State ↓ ↓ Zip ↓ ↓ ↓

Phone () _____

e-Mail _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: (1)

(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) <u>Marion Park & Recreation Foundation, Inc.</u>
(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 \$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 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Charles E. Kress

 Signature of Treasurer

[Signature]

 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

4/17/03

 Date Signed

4-17-03

 Date Signed