

LINN

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. 05/02)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # <u>21144 A</u>	
Indexed <input checked="" type="checkbox"/>	
Audited <input type="checkbox"/>	
Computer <input type="checkbox"/>	

*An initial Statement of Organization should be filled 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 (Required by law) Our Kids, Our Future DEC 19 2002

IMPORTANT: Indicate type of committee you are reporting for: 6

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

LINN COUNTY AUDITOR
 COUNTY ELECTIONS
 2002 DEC 19 PM 2:14:55

COMMITTEE TREASURER (Required by law) This address used for all reminders and correspondence

COMMITTEE CHAIR (List additional officers on separate page)

Name Robert E. Hill

Mailing Address 226 E. Main St.

City, State Zip Code Lisbon, IA 52253

Phone (319) 455-2931

e-Mail rhill10661@aol.com

Name Scott West

Mailing Address 219 E. Market St.

City, State Zip Code Lisbon, IA 52253

Phone (319) 455-5074

e-Mail _____

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

Comment or description: Support Bond Issue For Lisbon Schools

All Candidates Enter: _____ District: _____

Office Sought: _____

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

County/Local Candidates and Local Ballot/Franchise Committees Enter: _____ Date of Election: 1/28/03

County: Linn

Bank Account Name Our Kids Our Future

Name of Financial Institution/type of Account Hills Bank & Trust Company

Mailing Address 103 W. Main St.

City Lisbon State IA Zip 52253

Candidate name & Address or Parent Entity (PACs, if a 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) DONATED TO _____ COUNTY CENTRAL COMMITTEE	(6) PRORATED REFUND TO CONTRIBUTORS
(2) DONATED TO _____ LOCAL/STATE/NATL POLITICAL PARTY (underline one)	(7) TRANSFER TO ANOTHER COMMITTEE OF THIS S (CANDIDATES ONLY)
(3) DONATED TO CHARITABLE ORGANIZATION (specify) _____	(8) RETURN TO PARENT ENTITY GENERAL FUND (P
(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)	(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC
(5) PARTISAN CONGRESSIONAL DISTRICT FUND	

(Statement of intent required by law for all committees, except state committees and committees using only personal funds.)

# of pages <u>1</u>	Date <u>12/19/02</u>	From <u>Sue Wald</u>
		Co. <u>Linn Co.</u>
		Phone # _____
		Fax # _____
Post-it* Fax Note 7671		
		Co./Dept. <u>Sue Brown</u>
		Phone # _____
		Fax # _____

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.

Robert E. Hill
Signature of Treasurer

Scott West
Signature of Candidate, OR, IF PAC, Central Committee or Local Ballot Issue, Chairperson

12/17/02
Date Signed

12-17-02
Date Signed