

Linn

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. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	<u>21159-A</u>
Indexed	<u>do</u>
Audited	<u>do</u>
Computer	<u>do</u>

*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.

info abt 3.12.03

COMMITTEE NAME VOTE YES MAR 12 2003

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/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER	COMMITTEE CHAIR
Name <u>Alicia Jackson</u>	Name <u>RON CORBETT</u>
Mailing Address <u>P.O. Box 9200</u>	Mailing Address <u>424 1ST AV NE</u>
City, State Zip Code <u>Cedar Rapids, IA 52409</u>	City, State Zip Code <u>CEAR RAPIDS IA 52401</u>
Phone <u>(319) 390-5555</u>	Phone <u>319-398-5098</u>
e-Mail <u>ajackson@willeylaw.com</u>	e-Mail <u>RCORBETT@CEDARRAPIDS.ORG</u>

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: _____ 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	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
<u>VILLAGE BANK & TRUST CO.</u>	
Name of Financial Institution/type of Account <u>CHECKING</u>	Mailing Address
Mailing Address <u>1201 3rd ST SE</u>	City State Zip
City State Zip <u>CEAR RAPIDS IA 52401</u>	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/NAT'L POLITICAL PARTY (underline one)	(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)
(3) DONATED TO CHARITABLE ORGANIZATION (specify) <u>UNITED WAY</u>	(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)
(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 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 361. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer: Alicia Jackson Date Signed: 3-11-03

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson: Ron Corbett Date Signed: 3-11-03