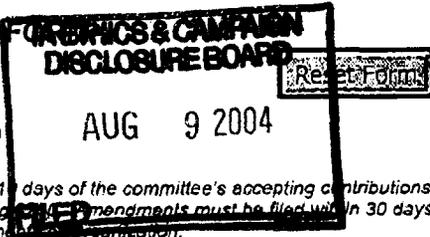


Linn

FOR INSTRUCTIONS, SEE BACK OF FORM



FORM DR-1 (REV. 07/2004)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	<u>11142</u>
Indexed	<u>jb</u>
Audited	<u>jb</u>
Computer	

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 \$500. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

COMMITTEE NAME ↓ ↓
SULLIVAN FOR SCHOOL BOARD

IMPORTANT: Indicate type of committee you are reporting for: 7
 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee
 (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC
 (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

COMMITTEE TREASURER (mandatory for all committees)
 Name ↓ ↓
DARIN WILLIAMS
 Mailing Address ↓ ↓
24 SUMTER AVENUE
 City, State ↓ ↓ Zip Code ↓ ↓
LISBON, IOWA 52253
 Phone (319) 455-2313
 e-Mail _____

COMMITTEE CHAIR (mandatory except for a candidate's committee)
 Name ↓ ↓
 Mailing Address ↓ ↓
 City, State ↓ ↓ Zip Code ↓ ↓
 Phone () _____
 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: SCHOOL BOARD District: LISBON
 Political Party (if applicable) _____ Year Standing for Election: 2004
 County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: LINN Date of Election: 9-14-04

Bank Account Name ↓ ↓
SULLIVAN FOR SCHOOL BOARD
 Name of Financial Institution/type of Account ↓ ↓ ↓ ↓
TEAMSTERS LOCAL #238 CREDIT UNION
 Mailing Address ↓ ↓ ↓ ↓
5050 J STREET SW
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓
CEDAR RAPIDS IA 52404

Candidate name & Address or **Parent Entity (PACs, if applicable), Affiliate, or Sponsor**
ANDY SULLIVAN
 Mailing Address ↓ ↓ ↓ ↓
577 GREEN RIDGE RD
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓ ↓ ↓
LISBON IA 52253
 Phone (319) 455-2190
 e-Mail ats577@aol.com

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.402 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.405 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.503 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.301 through 68A.303 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.

Darin Williams
 Signature of Treasurer
Andrew Sullivan
 Signature of Candidate, OR, for all other committees, Chairperson

8-09-04
 Date Signed
8-9-04
 Date Signed