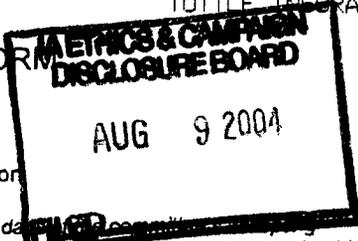


FOR INSTRUCTIONS, SEE BACK OF FORM



FORM DR-1 (Rev. 02/96)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	<u>17757</u>
Indexed	<u>pb</u>
Audited	
Computer	<u>pb</u>

CHECK ONE:

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

*An initial Statement of Organization should be filed within 10 days after receiving contributions, making expenditures or incurring indebtedness exceeding \$500. 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)
Welch For Auditor

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 (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER (Required by law) (This address used for all reminders and correspondence)	COMMITTEE CHAIR (List additional officers on separate page)
Name <u>Joyce L Kooker</u>	Name <u>Robert F. Bell</u>
Mailing Address <u>909 E Filmore St</u>	Mailing Address <u>2478 Bevington Park Rd</u>
City, State Zip Code <u>Winterset, Ia 50273</u>	City, State Zip Code <u>St. Charles Ia 50240</u>
Home Phone (515) <u>462-6988</u>	Home Phone (515) <u>396-2736</u>
Day Phone (515) <u>462-2246</u>	Day Phone () <u>same</u>

PACs: INDICATE PURPOSE OF COMMITTEE

All Candidates Enter:
Office Sought: County Auditor District: _____
 Political Party (if applicable) Democrat Year Standing for Election: 2004
 County/Local Candidates Enter:
 County: Madison Date of Election: Nov. 2, 2004

Bank Account Name <u>Farmers + Merchants</u>	Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Name of Financial Institution/Type of Account <u>101 W Jefferson</u>	Mailing Address <u>Joan Welch</u>
Mailing Address <u>Winterset Ia 50273</u>	City State Zip <u>1612 W Summit</u>
City State Zip <u>Winterset Ia 50273</u>	Home Phone (515) <u>462-1307</u>
	Day Phone (515) <u>462-3914</u>

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION (Statement of intent required by law for all committees, except state parties and central committees.)

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) _____	(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 five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties (fines) under the disclosure law. I also 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. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

Joyce L Kooker Signature of Treasurer
Robert F Bell Signature of Candidate or Chairperson (if a PAC)

Aug 9, 2004 Date Signed
Aug 9, 2004 Date Signed