

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

*An initial Statement of Organization should be filled within 10 days of the committee's accepting 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.

Madison
 FORM DR-1 STATEMENT OF ORGANIZATION
 (Rev. 07/00)

For Office Use Only
 Comm. # 21251
 Indexed sb
 Audited _____
 Computer sb

COMMITTEE NAME (Required by law)

Madison County School SFLO Committee

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

COMMITTEE CHAIR (List additional officers on separate page)

Name Jeffrey J Nolan MAR 16 2004
 Mailing Address 201 West Court Ave
 City, State Zip Code Winterset IA 50273
 Phone (515) 462-2161
 e-Mail jnolan@uskiowa.com

Name Stephanie Gerleman
 Mailing Address 101 West Jefferson
 City, State Zip Code Winterset IA 50273
 Phone (515) 462-4242
 e-Mail Stephanie.Gerleman@FandMBank.com

INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for/against ballot issue(s)
 Comment or description: School Infrastructure local Option tax Online.com

All Candidates Enter: Office Sought: _____ District: _____
 Political Party (if applicable) _____ Year Standing for Election: _____
 County/Local Candidates and Local Ballot/Franchise Committees Enter: County: _____ Date of Election: 3.16.04

Bank Account Name 2706563
 Name of Financial Institution/type of Account Union State Bank
 Mailing Address 201 West Court Ave
 City Winterset State IA Zip 50273

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

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

- Indicate disposition of funds by marking appropriate number in box:
- (1) DONATED TO _____ COUNTY CENTRAL COMMITTEE
 - (2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)
 - (3) DONATED TO CHARITABLE ORGANIZATION (specify) Local Food pantry
 - (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 \$500.00 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.

Jeffrey J Nolan
Signature of Treasurer

3-11-04
Date Signed

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

Date Signed