

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 must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

Marion

FORM DR-1 (Rev. 07/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	_____ <i>17662</i>
Indexed _____	_____ <i>sb</i>
Audited _____	_____ <i>sb</i>
Computer _____	_____ <i>sb</i>

MAY 17 2004

COMMITTEE NAME ↓ ↓
Nichols for County Supervisor

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

COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name ↓ ↓ Sam L. Nichols	Name ↓ ↓ _____
Mailing Address ↓ ↓ 773 120th Ave	Mailing Address ↓ ↓ _____
City, State ↓ ↓ Zip Code ↓ ↓ Knoxville, Iowa 50138	City, State ↓ ↓ Zip Code ↓ ↓ _____
Phone (641) 828-8707	Phone () _____
e-Mail slnichols@harenet.net	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: County Supervisor District: _____

Political Party (if applicable) Republican Year Standing for Election: 2004

County/Local Candidates and Local Ballot/Franchise Committees Enter: County: Marion Date of Election: June 8, 2004

Bank Account Name ↓ ↓	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Name of Financial Institution/type of Account ↓ ↓	Sam L. Nichols
Mailing Address ↓ ↓	Mailing Address ↓ ↓ 773 120th Ave
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Knoxville Iowa 50138
Phone (641) 828-8707	Phone (641) 828-8707
e-Mail slnichols@harenet.net	e-Mail slnichols@harenet.net

STATEMENT OF AFFIRMATION: By filling 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—4.4 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.

Signature of Treasurer

Signature of Candidate, OR, for all other committees, Chairperson

Date Signed

May 17, 2004
Date Signed