

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

OCT 29 2003

Reset Form

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

*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.

COMMITTEE NAME
Committee to Elect Pam Weber

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 ↓ <u>Shaneess Hart</u>	Name ↓ <u>John Swearingen</u>
Mailing Address ↓ <u>3310 Lily Lane</u>	Mailing Address ↓ <u>505 Edge land Drive</u>
City, State ↓ Zip Code ↓ <u>Marshalltown IA 50158</u>	City, State ↓ Zip Code ↓ <u>Marshalltown IA 50158</u>
Phone (641) <u>844-1606</u>	Phone (641) <u>752-0793</u>
e-Mail _____	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: Council at large District: _____
 Office Sought: _____
 Political Party (if applicable) _____ Year Standing for Election: 2003
 County/Local Candidates and Local Ballot/Franchise Committees Enter: _____ Date of Election: Nov 4, 2003
 County: Marshall

Bank Account Name ↓ <u>Weber Campaign Account</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor ↓ <u>Pamela S. Weber</u>
Name of Financial Institution/type of Account ↓ <u>US Bank</u>	Mailing Address ↓ <u>1603 W Olive Street</u>
Mailing Address ↓ <u>2500 South Center Street</u>	City ↓ State ↓ Zip ↓ <u>Marshalltown IA 50158</u>
City ↓ State ↓ Zip ↓ <u>Marshalltown IA 50158</u>	Phone (641) <u>753-8095</u>
e-Mail _____	e-Mail <u>1603olive@mchsi.com</u>

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

- 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 951 of the Iowa Administrative Code.
- That Iowa Code section 68A.6 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.
- That Iowa Code section 68A.14 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.
- That Iowa Code section 68A.15 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.
- A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.40 through 68A.42 and rule 351-4.25.
- 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.

Shaneess Hart
 Signature of Treasurer
Pamela S. Weber
 Signature of Candidate, OR, for all other committees, Chairperson

10-26-03
 Date Signed
10-26-03
 Date Signed

