

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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



FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

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

APR 21 2003

COMMITTEE NAME  
The Committee To Elect Scott Cirksena

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 aids of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER	COMMITTEE CHAIR
Name <u>Terri Jean Johnson</u>	Name <u>Scott Campbell Cirksena</u>
Mailing Address <u>912 - 19th Street</u>	Mailing Address <u>15069 Wildwood Drive</u>
City, State Zip Code <u>West Des Moines, IA 50265</u>	City, State Zip Code <u>Clive, IA 50325</u>
Phone ( <u>515 225-6010</u> ) (Daytime)	Phone ( <u>515 987-0250</u> ) (Daytime)
e-Mail <u>N/A</u>	e-Mail <u>N/A</u>

INDICATE PURPOSE OF COMMITTEE -- Check One Box  Advocate for/against candidate(s)  Advocate for/against ballot issue(s)

Comment or description:  
All Candidates Enter: City Councilman - Clive, IA - District: At Large

Office Sought: \_\_\_\_\_ District: At Large

Political Party (if applicable) N/A Year Standing for Election. 2003 (3 year term)

County/Local Candidates and Local Ballot/Franchise Committees Enter: \_\_\_\_\_ Date of Election: November 4, 2003

County: Polk

Bank Account Name <u>The Committee to Elect Scott Cirksena</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor <u>Scott C. Cirksena</u>
Name of Financial Institution/type of Account <u>West Bank</u>	Mailing Address <u>15069 Wildwood Drive</u>
Mailing Address <u>P.O. Box 65020</u>	City <u>Clive</u> State <u>IA</u> Zip <u>50325</u>
City <u>West Des Moines, IA</u> State <u>IA</u> Zip <u>50265</u>	Phone ( <u>515 987-0250</u> ) (Daytime)
	e-Mail _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION  
Indicate disposition of funds by marking appropriate number in box.  N/A

(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 \$750.00 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.

Terri Jean Johnson Signature of Treasurer  
Date Signed 4-18-03

Scott C. Cirksena Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson  
Date Signed 4-18-03