

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 filled 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.

COMMITTEE NAME
McCormick For Des Moines JUN 25 2003

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	COMMITTEE CHAIR
Name <u>Jerrold Wanek</u>	Name _____
Mailing Address <u>835 Insurance Exchange Bldg.</u>	Mailing Address _____
City, State Zip Code <u>Des Moines, IA 50309</u>	City, State Zip Code _____
Phone (<u>515</u>) <u>293-1279</u>	Phone () _____
e-Mail <u>Wanek@DWX.com</u>	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: Mayor District: Des Moines

Political Party (if applicable) N.R. Year Standing for Election: 2003

County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: _____ Date of Election: 11/4/03

Bank Account Name <u>McCormick For Des Moines</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor <u>Mark McCormick</u>
Name of Financial Institution/type of Account <u>Iowa State Bank</u>	Mailing Address <u>4331 Greenwood Dr.</u>
Mailing Address <u>627 E. Locust</u>	City <u>Des Moines, Ia.</u> State <u>IA</u> Zip <u>50312</u>
City <u>Des Moines, IA</u> State <u>IA</u> Zip <u>50309</u>	Phone (<u>515</u>) <u>255-8115</u>
	e-Mail <u>mmccormick@belinlaw.com</u>

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box: 4

(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) <u>CITY</u> /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.

[Signature]
 Signature of Treasurer

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

6/24/03
 Date Signed

6/20/03
 Date Signed