

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

Reset Form

<b>FORM DR-1</b> (Rev. 01/2003)	<b>STATEMENT OF ORGANIZATION</b>
<b>For Office Use Only</b>	
Comm. # <u>21172</u>	
Indexed <u>sh</u>	
Audited	
Computer <u>sh</u>	

\*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.

COMMITTEE NAME

RAMS FIRST COMMITTEE MAY 13 2003

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

COMMITTEE CHAIR

Name DONALD C. TIMMINS  
 Mailing Address 8409 NESY<sup>TR</sup> AVE  
 City, State Zip Code ALTOONA, IA 50009  
 Phone (515) 967-5168  
 e-Mail

Name Deborah A Grimes  
 Mailing Address 222 5th St NW  
 City, State Zip Code ALTOONA, IA 50009  
 Phone 515, 965-6553  
 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: \_\_\_\_\_ District: \_\_\_\_\_  
 Political Party (if applicable) \_\_\_\_\_ Year Standing for Election: \_\_\_\_\_  
 County/Local Candidates and Local Ballot/Franchise Committees Enter: County: POLK Date of Election: JUNE 24, 2003

Bank Account Name RAMS FIRST COMMITTEE  
 Name of Financial Institution/type of Account LEGACY BANK CHECKING  
 Mailing Address 502 8th St SW  
 City ALTOONA State IA Zip 50009

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

- Indicate disposition of funds by marking appropriate number in box:  (1) DONATED TO COUNTY CENTRAL COMMITTEE  
 (2) DONATED TO LOCAL/STATE/NATL POLITICAL PARTY (underline one)  
 (3) DONATED TO CHARITABLE ORGANIZATION (specify)  
 (4) CITY/COUNTY/SCHOOL STATE OF IOWA GENERAL FUND (underline one)  
 (5) PARTISAN CONGRESSIONAL DISTRICT FUND

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

- (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 \$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.

Donald C. Timmins  
 Signature of Treasurer  
Deborah A Grimes  
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

5-13-03 Date Signed  
5-13-03 Date Signed