

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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



Poweshiek

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed <u>ob</u>
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.*

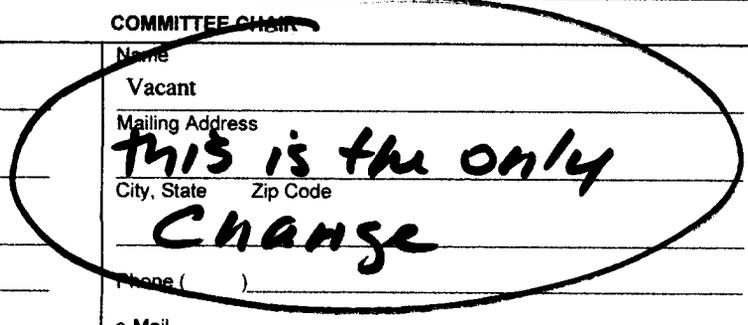
COMMITTEE NAME
Moffett For Supervisor

4

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 Sandy Moffett	Name Vacant
Mailing Address 618 390th Ave.	Mailing Address <i>This is the only change</i>
City, State Zip Code Grinnell, Iowa 50112	City, State Zip Code
Phone (641) 236-5246	Phone ()
e-Mail powcomoffett@netins.net	e-Mail

JUN 27 2003



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: Poweshiek County

Political Party (if applicable) Democrat Year Standing for Election: 1992

County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: Poweshiek Date of Election: November

Bank Account Name Name of Financial Institution/type of Account Mailing Address City State Zip	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Mailing Address City State Zip Phone () e-Mail
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DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box:

(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.

Signature of Treasurer <i>[Signature]</i>	Date Signed 6/25/03
Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson	Date Signed