S

09/27/04 MON 13:03 FAX 6412360568 DURBIN_STATE_FARM Powesheik 005

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

☑ This is an **initial*** Statement of Organization

☐ This is an **amended*** Statement of Organization

SEP 30 2004

FORM DR-1 (Rev. 02/96)	STATEMENT OF ORGANIZATION

For Office Use Only
Comm. # 17803
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 $500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.*

COMMITTEE NAME (Required by law)
Sam Beaves For Sheriff

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 (Required by law) *(This address used for all reminders and correspondence)*	COMMITTEE CHAIR *(List additional officers on separate page)*
Name: Anaria Freese	Name:
Mailing Address: 4344 E 30th Street S.	Mailing Address:
City, State Zip Code: Newton IA 50208	City, State Zip Code:
Home Phone (641) 792-1218	Home Phone ( )
Day Phone (641)	Day Phone ( )

PACs: INDICATE PURPOSE OF COMMITTEE

All Candidates Enter:
Office Sought: Sheriff District:
Political Party (if applicable) Year Standing for Election: 2004
County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: Powesheik Date of Election:

Bank Account Name	Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Sam Beaves For Sheriff	Sam Beaves
Name of Financial Institution/Type of Account: Grinnell State Bank	Mailing Address: P.O. Box 573 1400 MICHAEL AVE
Mailing Address: PO Box 573	City: Grinnell State: IA Zip: 50112
City: Grinnell State: IA Zip: 50112	Home Phone (641) 236-6247
	Day Phone (641) 990-0722

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION (Statement of intent required by law for all committees, except state parties and central committees.)

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE
(2) DONATED TO _____ LOCAL/STATE/NAT'L 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
(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 five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties (fines) under the disclosure law. I also 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. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer — Date Signed 10/12/04

Signature of Candidate or Chairperson (if a PAC) — Date Signed