

Please Complete ALL Blanks

Story

| | |
|------------------------------------|------------------------------|
| FORM DR-1CC CANDIDATE | STATEMENT OF ORGANIZATION |
| For office use only | |
| Comm. # | 17388-A |
| Indexed | <i>[Signature]</i> |
| Audited | <i>[Signature]</i> |
| Checked | <i>[Signature]</i> |
| Computer | |

FILED

Check One:

- This is an Initial* Statement of Organization
- This is an Amended* Statement of Organization

*A new Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500 in a calendar year. Amendments should be filed within 30 days of a change.

STORY COUNTY AUDITOR

CANDIDATE COMMITTEE NAME

Official Name of Candidate Committee (Identify acronyms. Last name of candidate should be part of official name.)
REELECT HALLIBURTON COMMITTEE

Mailing Address of committee if a separate headquarters is established.
1128 ROOSEVELT

City: **AMES** State: **IA** Zip Code: **50010-5874** Area Code: **515** Telephone: **232-8681**

JAN 20 1998

COMMITTEE TREASURER (Must be an Iowa resident of majority age.)

Name: **FRANKLIN J. FEILMEYER**

Mailing Address (This address used for all reminders and correspondence):
1019 GRAND AVE.

City, State Zip Code Area Code Telephone
AMES, IA. 50010 515/233-5806

COMMITTEE CHAIR (List other officers as required by law on back of form)

Name: _____

Mailing Address: _____

City, State Zip Code Area Code Telephone: _____

FINANCIAL INSTITUTION IN WHICH FUNDS ARE DEPOSITED (MUST BE LOCATED IN IOWA)

Candidate Committees are required by law to deposit all funds and pay all bills from a separate account, and to disclose the name of the financial institution where funds are deposited. Use back of form if more than one. Exception: If all campaign expenses will be paid from personal funds and no donations will be accepted, separate account not required.

Name of Financial Institution (Bank, Savings & Loan, Credit Union, etc.):
FIRST NATIONAL BANK

Mailing Address: **5TH E BURNETT** City: **AMES** State: **IA.** Zip Code: **50010**

Name of account as shown on checks and bank statement:
REELECT HALLIBURTON COMMITTEE

Type of Account (checking, savings, certificate of deposit, etc.):
CHECKING

CANDIDATE SUPPORTED

| | | |
|---|--|---|
| Name of Candidate JANE E. HALLIBURTON | Office Sought COUNTY SUPERVISOR | County STORY |
| Address (Home) 1128 ROOSEVELT | Political Party (Democrat, Republican, Independent, etc.) DEMOCRAT | Year Standing for Election 1998 |
| City AMES | State IA. | Zip Code 50010 |
| Area Code 515 | Telephone 232-8681 | |

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

All candidates are required to make a statement of intent of how leftover funds would be expended at the close of the campaign when the committee is dissolved. This statement may be amended at a later date if the candidate chooses. The statement must be made, even if the candidate anticipates there will be no leftover funds. The choices listed below are the ONLY legal options in accordance with Iowa Code 56.42.

CHECK ONE AND ENTER SPECIFIC NAME:

| | |
|---|---|
| <input type="checkbox"/> Donate to _____ Local Political Party | <input type="checkbox"/> Return Prorata to Contributors |
| <input checked="" type="checkbox"/> Donate to STORY County Central Committee | <input type="checkbox"/> Transfer to State of Iowa General Fund |
| <input type="checkbox"/> Donate to _____ State Political Party | <input type="checkbox"/> Transfer to Charitable Organization _____ |
| <input type="checkbox"/> Donate to _____ National Political Party | (Specify Charitable Organization) |
| | <input type="checkbox"/> Transfer to another committee of this same candidate |

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE

I am aware that disclosure reports are required if the committee and/or candidate 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. 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 is responsible under the law for accurate and timely disclosure reports.

Signature of Treasurer: *[Signature]* Date Signed: **18 JAN 1998**

Signature of Candidate: *[Signature]* Date Signed: **Jan. 18, 1998**