

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

\* 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.

FORM  
DR-1  
(Rev 02/96)

*Story*  
STATEMENT  
OF  
ORGANIZATION

For Office Use Only

Comm. # 17390-A  
Indexed \_\_\_\_\_  
Audited 5  
Computer \_\_\_\_\_

COMMITTEE NAME (Required by law) Jamison for Treasurer IA ETHICS & CAMPAIGN DISCLOSURE ACT  
AUG - 8 1997

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 (This address used for all reminders and correspondence)	COMMITTEE CHAIR (List additional officers on separate page)
Name <u>Doug Cline</u>	Name _____
Mailing Address <u>341 Lyone Drive</u>	Mailing Address _____
City, State Zip Code <u>Nevada, Iowa 50201</u>	City, State Zip Code _____
Home Phone (515) <u>382-5514</u>	Home Phone ( ) _____
Day Phone (515) <u>233-4060</u>	Day Phone ( ) _____

PACs: INDICATE PURPOSE OF COMMITTEE

All Candidates Enter: County Treasurer District: Story County  
Office Sought: \_\_\_\_\_ Year Standing for Election: 1998  
Political Party (if applicable) Republican  
County/Local Candidates and Local Ballot/Franchise Committees Enter: \_\_\_\_\_ Date of Election: Nov 8, 1998  
County: Story

Bank Account Name	Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Name of Financial Institution/Type of Account	<u>David D Jamison</u>
Mailing Address	Mailing Address <u>3244 Cameron School Rd.</u>
City State Zip	City <u>Ames</u> State <u>Iowa</u> Zip <u>50014</u>
Home Phone (515) _____	Home Phone (515) <u>232-1125</u>
Day Phone (515) _____	Day Phone (515) <u>382-7331</u>

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	(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 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 8-7-97  
Signature of Candidate or Chairperson (if a PAC) \_\_\_\_\_ Date Signed 8-7-97