

**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. # _____ Indexed _____ Audited _____ Computer _____	

*\*An initial Statement of Organization should be filled 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.*

<b>COMMITTEE NAME</b> YES for AHS
<b>IMPORTANT: Indicate type of committee you are reporting for:</b> <span style="border: 1px solid black; padding: 2px; margin-left: 10px;">6</span> ( 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)

<b>COMMITTEE TREASURER</b> Name: Tom Pohlman Mailing Address: 405 5th Street City, State Zip Code: Ames, IA 50010 Phone ( 515 ) 663-3046 e-Mail: tomp@fnbames.com	<b>COMMITTEE CHAIR</b> Name: Beth Cross Mailing Address: 304 Main Street City, State Zip Code: Ames, IA 50010 Phone ( 515 ) 232-5373 e-Mail: beth.cross@innovasolutions.com
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**INDICATE PURPOSE OF COMMITTEE – Check One Box**  Advocate for/against candidate(s)  Advocate for/against ballot issue(s)  
 Comment or description: Bond issue for remodeling and upgrading the high school

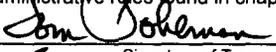
**All Candidates Enter:**  
 Office Sought: \_\_\_\_\_ District: \_\_\_\_\_  
 Political Party (if applicable) \_\_\_\_\_ Year Standing for Election: \_\_\_\_\_  
**County/Local Candidates and Local Ballot/Franchise Committees Enter:**  
 County: Story Date of Election: April 22, 2003

<b>Bank Account Name</b> ↓ ↓ YES for AHS Name of Financial Institution/type of Account ↓ ↓ First National Bank/Checking Account Mailing Address ↓ ↓ P.O. Box 607 City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Ames IA 50010-0607	<b>Candidate name &amp; Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor</b> ↓ ↓ N/A 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: 4

(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/ <u>SCHOOL</u> /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 _____
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**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  
  
 \_\_\_\_\_  
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

\_\_\_\_\_  
 Date Signed 2-28-03  
 \_\_\_\_\_  
 Date Signed 2.28.03