

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. 07/00)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # <u>17833</u>	Indexed _____
Audited _____	Computer _____

COMMITTEE NAME (Required by law)

Committee to Re-Elect Robert (Bob) G. Brown

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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 (Required by law) *This address used for all reminders and correspondence* **COMMITTEE CHAIR** (List additional officers on separate page)

Name <u>Betty Chapman</u> <u>OCT 20 2004</u>	Name
Mailing Address <u>1109 Sunrise Drive</u>	Mailing Address
City, State Zip Code <u>Creston, IA 50801</u>	City, State Zip Code
Phone (641) <u>782-4665</u>	Phone ()
e-Mail <u>chappy@creston.heartland.net</u>	e-Mail

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: 4
Political Party (if applicable) Democrat Year Standing for Election: 2004
County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: Union Date of Election: 11-2-2004

Bank Account Name ↓ ↓ <u>Committee to Re-Elect Robert (Bob) G. Brown</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor ↓ ↓
Name of Financial Institution/type of Account ↓ ↓ <u>National Bank / checking</u>	<u>Robert G. Brown</u>
Mailing Address ↓ ↓	Mailing Address ↓ ↓
<u>101 W. Adams</u>	<u>1704 Mt. Pisgah Road</u>
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	City ↓ ↓ State ↓ ↓ Zip ↓ ↓
<u>Creston IA 50801</u>	<u>Thayer IA 50254</u>
	Phone (641) <u>763-2504</u>
	e-Mail

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 \$500.00 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.

Betty Chapman
Signature of Treasurer
Robert G. Brown
Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

10-16-2004
Date Signed
10-16-2004
Date Signed