

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. *gm/3*

DR-1 (Rev. 09/97)	OF ORGANIZATION
For Office Use Only	
Comm. #	<u>25075</u>
Indexed	<u>nm</u>
Audited	
Computer	<u>nm</u>

COMMITTEE NAME (Required by law)

Wapello County Republican Womens Club

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)

5 We want to cease being a Statewide PAC Club. We will continue as a County Club.

COMMITTEE TREASURER (Required by law) (This address used for all reminders and correspondence)

COMMITTEE CHAIR (List additional officers on separate page)

Name: La Rue J. Keith
 Mailing Address: 3305 142ND Ave
 City, State Zip Code: Ottumwa, IA
 Home Phone (641) 684-8566
 Day Phone () _____

Name: Benita W. Messerli
 Mailing Address: 2131 N. Elm St.
 City, State Zip Code: Ottumwa, Ia 52501
 Home Phone (641) 682-6976
 Day Phone () _____

INDICATE PURPOSE OF COMMITTEE - Check One Box To support or oppose candidate(s) To support or oppose ballot issue(s)
 Comment or description:

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

Bank Account Name ↓ ↓ <u>South Ottumwa Savings Bank</u>	Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor ↓ ↓
Name of Financial Institution/Type of Account ↓ ↓ <u>Regular Checking</u>	Mailing Address ↓ ↓
Mailing Address ↓ ↓ <u>320 Church St.</u>	City ↓ ↓ State ↓ ↓ Zip ↓ ↓
City ↓ ↓ State ↓ ↓ Zip ↓ ↓ <u>Ottumwa IA 52501</u>	Home Phone () _____ Day Phone () _____

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/NATL 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.

La Rue J. Keith Signature of Treasurer January 13, 2005 Date Signed

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