

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

5

OCT - 3 2002

Wapello

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	27 PM 3:43
Audited	
Computer	COUNTY AUDITOR <i>st</i>

*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.

COMMITTEE NAME (Required by law)

Grow Regionally Ottumwa - Wapello County (Graw)

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: Elaine L. ORR
 Mailing Address: POB 433
 City, State Zip Code: Ottumwa, IA 52501
 Phone (641) 682-2674 (c) 641-455-3257
 e-Mail: elaineorr55@yahoo.com

Name: William Linstrom
 Mailing Address: 242 West Manning
 City, State Zip Code: Ottumwa, IA 52501
 Phone (641) 682-7966
 e-Mail: BBLINSTROM@PRODIGY.NET

INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for/against ballot issue(s)
 Comment or description: Advocate issues that supported growth & development in Ottumwa/Wapello by candidates
 All Candidates Enter: _____ Office Sought: _____ District: _____
 Political Party (if applicable): _____ Year Standing for Election: _____
 County/Local Candidates and Local Ballot/Franchise Committees Enter: _____ Date of Election: _____
 County: Wapello

Bank Account Name ↓ ↓
Grow Regionally Ottumwa - Wapello City
Name of Financial Institution/type of Account ↓ ↓
Hedrick Savings Bank
Mailing Address ↓ ↓
216 South Market
City ↓ ↓ **State** ↓ ↓ **Zip** ↓ ↓
Ottumwa IA 52501

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
 ↓ ↓
Mailing Address ↓ ↓

City ↓ ↓ **State** ↓ ↓ **Zip** ↓ ↓

Phone () _____
e-Mail _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box: 3

(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) <u>Bridge View, Inc.</u>	(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 \$100.00 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: Elaine L. Orr Date Signed: 9/27/02
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson: W. Linstrom Date Signed: 9/27/02