

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 must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

JUL 16 2004

FORM DR-1 (Rev. 07/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

COMMITTEE NAME Tom McNamara for Sheriff

IMPORTANT: Indicate type of committee you are reporting for: 4
 (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

COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name: <u>Sharon Capps</u>	Name: <u>Melissa A. Nosey</u>
Mailing Address: <u>215 S. Spruce St.</u>	Mailing Address: <u>2017 Country Club Rd</u>
City, State, Zip Code: <u>Indianola, IA 50125</u>	City, State, Zip Code: <u>Indianola, IA 50125</u>
Phone: <u>515 961-4623</u>	Phone: <u>515 901-5201</u>
e-Mail: <u>scapps@att.net</u>	e-Mail: <u>wonderwoman@mchsi.com</u>

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: SHERIFF District: _____

Political Party (if applicable): NONE (Independent) Year Standing for Election: 2004

County/Local Candidates and Local Ballot/Franchise Committees Enter: County: Warren Date of Election: 11-2-04

Bank Account Name: <u>Tom McNamara for Sheriff</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor: <u>Tom McNamara</u>
Name of Financial Institution/type of Account: <u>Peoples Savings Bank/checking</u>	Mailing Address: <u>1231 E. 14th St</u>
Mailing Address: <u>111 N. Buxton St.</u>	City, State, Zip: <u>Norwalk, IA 50125</u>
City, State, Zip: <u>Indianola IA 50125</u>	Phone: <u>515 981-4530</u>
	e-Mail: _____

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

- The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 381 of the Iowa Administrative Code.
- That Iowa Code section 68A.402 and rule 381-4.3 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
- That Iowa Code section 68A.406 and rules 381-4.33 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.
- That Iowa Code section 68A.503 and rules 381-4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
- A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 381-4.25.
- That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts received, and a final report and a statement of dissolution (DR-3) has been filed.

Sharon Capps
Signature of Treasurer

Melissa A. Nosey
Signature of Candidate, OR, for all other committee chairperson

Tom McNamara

7-16-04
Date Signed

7-16-04
Date Signed

7-16-04