

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 filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. An amended statement should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

IA ETHICS AND
 CAMPAIGN DISCLOSURE BOARD
 PM 6.14.08
 2008 JUN 12 AM 8:30

FORM DR-1 (Rev. 06/99)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

COMMITTEE NAME (Required by law)

Woodbury County Democratic Central Committee

IMPORTANT: Indicate type of committee you are reporting for: 7

- (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: Kevin Beauvais
 Mailing Address: PO Box 931
 City, State Zip Code: Sioux City IA 51102
 Phone: (712) 223-1429
 e-Mail: _____

Name: David Sinsky
 Mailing Address: 4518 4th Ave
 City, State Zip Code: Sioux City IA 51106
 Phone: (712) 276-7869
 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: _____ District: _____

Political Party (if applicable) DEMOCRATIC Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: WOODBURY COUNTY Date of Election: _____

Bank Account Name

Woodbury County Democratic Central Committee
 Name of Financial Institution/Type of Account: Pioneer Bank CHECKING
 Mailing Address: 101 Pierce St.
 City State Zip: Sioux City IA 51104

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: 2

- (1) DONATED TO _____ COUNTY CENTRAL COMMITTEE
 (2) DONATED TO DEMOCRATIC LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)
 (3) DONATED TO CHARITABLE ORGANIZATION (specify) _____
 (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)
 (5) PARTISAN CONGRESSIONAL DISTRICT FUND

(Statement of intent required by law for all committees, except state parties and central committees.)

- (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 _____

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.

Signature of Treasurer: [Signature]
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson: [Signature]

Date Signed: 6/12/08
 Date Signed: 6/12/08