

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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



FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

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

COMMITTEE NAME
 Project Casino JUN 20 2003

IMPORTANT: Indicate type of committee you are reporting for: 6
 (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	COMMITTEE CHAIR
Name Sue Tanner	Name Steve Miller
Mailing Address P.O. Box 122	Mailing Address 4661 Pheasant Avenue
City, State Zip Code Northwood, Iowa 50459-0122	City, State Zip Code Northwood, Iowa 50459
Phone (641) 324-1411	Phone (641) 324-324-0110
e-Mail	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) _____ Year Standing for Election: _____
County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: Worth Date of Election: 6-24-2003

Bank Account Name Project Casino	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Name of Financial Institution/type of Account Northwoods State Bank / Checking	Mailing Address
Mailing Address 900 Central Avenue	City State Zip
City State Zip Northwood Iowa 50459	Phone ()
	e-Mail

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box: (1)

(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	Subsequent Non Profit Corporation to be formed if the passes, if not, to worth County General 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 \$750.00 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.

Susan K Tanner
 Signature of Treasurer

Steve Miller
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

6-12-03
 Date Signed

12 Jun 2003
 Date Signed