

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 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.

FORM DR-1 (Rev. 02/96)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

COMMITTEE NAME (Required by law)
Option 4 Kids Committee IN ETHICS & CAMPAIGN **FILED**

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)

AUG 27 1997 AUG 22 1997

COMMITTEE TREASURER (This address used for all reminders (Required by law) and correspondence)	COMMITTEE CHAIR (List additional officers on separate page)
Name <u>Tom Buck</u>	Name <u>Randall Hansen</u>
Mailing Address <u>P.O. Box 347</u>	Mailing Address <u>1200 SW 3rd</u>
City, State Zip Code <u>Eagle Grove, IA 50533</u>	City, State Zip Code <u>Eagle Grove, IA 50533</u>
Home Phone (515) <u>448-3451</u>	Home Phone (515) <u>448-5211</u>
Day Phone (515) <u>448-5111</u>	Day Phone () _____

PACs: INDICATE PURPOSE OF COMMITTEE

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

Bank Account Name <u>Option 4 Kids Committee</u>	Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Name of Financial Institution/Type of Account <u>Security Savings Bank</u>	Mailing Address
Mailing Address <u>P.O. Box 347</u>	City State Zip
City State Zip <u>Eagle Grove Iowa 50533</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: (4)

(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	

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.

Signature of Treasurer

Signature of Candidate or Chairperson (if a PAC)

8-18-97
Date Signed

8-18-97
Date Signed