

HD

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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.

2007 SEP 25 Report Form

FORM DR-1 (Rev. 01/2006) STATEMENT OF ORGANIZATION
For Office Use Only
Comm. # 1711
Indexed
Audited
Computer

COMMITTEE NAME (A candidate's committee must include the candidate's last name in the name of the committee.)

COWNIE FOR STATEHOUSE

IMPORTANT: Indicate type of committee you are reporting for: 1
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

COMMITTEE TREASURER (mandatory for all committees)

Name Mike Shafer
Mailing Address 2536 Heatherwood Dr.
City, State West Des Moines, IA Zip Code 50265
Phone (515) 202-7823
e-Mail mshafer05@gmail.com

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name Libby Jacobs
Mailing Address 808 58th St
City, State West Des Moines, IA Zip Code 50266
Phone (515) 360-0723
e-Mail Jacobs.libby@principal.com

INDICATE PURPOSE OF COMMITTEE - Check One Box
[ ] Advocate for/against candidate(s)
[ ] Advocate for ballot issue(s)
[ ] Advocate against ballot issue(s)

All Candidates Enter:
Office Sought: State Representative
Political Party (if applicable) Republican
District: 60
Year Standing for Election: 2008

County/Local Candidates and Local Ballot Committees Enter:
County: Polk
Date of Election:

Bank Account Name
Name of Financial Institution/type of Account: Cownie for Statehouse
Mailing Address: West Bank / Checking
1601 22nd St
City: West Des Moines State: IA Zip: 50266

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Peter Cownie
Mailing Address: 686 58th Place 50266
City: West Des Moines IA State: IA Zip: 50266
Phone: (515) 865-7939
e-Mail: peter.cownie@gmail.com

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

- 1. 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 351 of the Iowa Administrative Code.
2. That Iowa Code section 68A.402 and rule 351-4.9 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...
3. That Iowa Code section 68A.405 and rules 351-4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials...
4. That Iowa Code section 68A.503 and rules 351-4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
5. 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 351-4.25.
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

Signature of Treasurer: [Signature]
Signature of Candidate, OR, for all other committees, Chairperson: [Signature]

Date Signed: 9.25.07
Date Signed: 9-19-07