FORM DR-1 (Rev 08/97)	STATEMENT OF ORGANIZATION

For Office Use Only
Comm. # 9507
Indexed
Audited
Computer

CHECK ONE:

☐ This is an **initial*** Statement of Organization

☒ This is an **amended*** Statement of Organization

JAN 10 2008

* 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.

COMMITTEE NAME (Required by law)
ALLAMAKEE COUNTY REPUBLICAN WOMEN CLUB

IMPORTANT: Indicate type of committee you are reporting for: 5
(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: Brenda Trommitz	Name: Arlene Lynes
Mailing Address: 300 9th Str NW	Mailing Address: 225 Diagonal St.
City, State Zip Code: Waukon IA 52172	City, State Zip Code: Lansing IA 52151
Home Phone (563) 568-4270	Home Phone (563) 538-4413
Day Phone ( )	Day Phone ( )

INDICATE PURPOSE OF COMMITTEE - Check One Box ☒ To support or oppose candidate(s) ☐ To support or oppose 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: _____ Date of Election: _____

Bank Account Name	Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Allamakee County Republican Womens Club	Iowa Fed. of Republican Women
Name of Financial Institution/Type of Account: FMSB / Checking Acct.	Mailing Address: % Karen McAllister, IFRW Treas. 3717 190th St.
Mailing Address: 201 W. Main St.	City: Farragut State: IA Zip: 51639
City: Waukon State: IA Zip: 52172	Home Phone (712) 246-3423
	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: 1

(1) DONATED TO Allamakee Rep COUNTY CENTRAL COMMITTEE
(2) DONATED TO _____ 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
(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 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

Brenda Trommitz — 1/19/08
Signature of Treasurer — Date Signed

Arlene Lynes — 1/19/08
Signature of Candidate or Chairperson (if a PAC) — Date Signed