

Palk

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. Penalties may be imposed for late-filed Statements of Organization. A candidate with an open committee that exceeds \$750 in activity for another office shall file within 10 days either a new or amended DR-1 disclosing information concerning the campaign for the new office sought.

Reset Form

FORM DR-1 (REV. 05/2005)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	_____
Indexed	_____
Audited	_____
Computer	_____

COMMITTEE NAME ↓ ↓
Regency Foundation

JUL 15 2005

IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide Party (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 ↓ ↓ Marne Harris

Mailing Address ↓ ↓ 6600 Westown Pkwy

City, State ↓ ↓ Zip Code ↓ ↓ WDM IA 52266

Phone (515) 270-1497

e-Mail _____

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

Name ↓ ↓ Marne Harris

Mailing Address ↓ ↓ 6600 Westown Pkwy

City, State ↓ ↓ Zip Code ↓ ↓ WDM IA 52266

Phone (515) 270-1497

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: _____ Date of Election: _____

Bank Account Name ↓ ↓ N/A

Name of Financial Institution/type of Account ↓ ↓ _____

Mailing Address ↓ ↓ _____

City ↓ ↓ State ↓ ↓ Zip ↓ ↓ _____

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Mailing Address ↓ ↓ ↓ ↓ N/A

City ↓ ↓ State ↓ ↓ Zip ↓ ↓ _____

Phone () _____

e-Mail _____

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

- 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.
- 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 (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
- That Iowa Code section 68A.405 and rules 351-4.36 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee filing this statement for purposes of using the shorter "paid for by" and who have not crossed the \$750 shall notify the Board that the \$750 threshold will not be crossed.
- 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.
- 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.
- 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.

Marne Harris
Signature of Treasurer

Signature of Candidate, OR, for all other committees, Chairperson

7-12-05
Date Signed

Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

COMMITTEE NAME (Must be same as on Statement of Organization)

Regency Foundation

IMPORTANT: Indicate by # type of committee you are reporting for:

(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State 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

CANDIDATE COMMITTEES ONLY:

Candidate Name N/A Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

JUL 15 2005

Late reports are subject to possible civil and criminal penalties.

Maime Harris
SIGNATURE OF PERSON FILING REPORT

515-270-1497
TELEPHONE

7-12-05
DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by #

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election <u>Feb 28, 2006</u>
County & Local Committees, enter County in which Election is held <u>Polk</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ - 0 -

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 5,000

Schedule F: Loans Received total (Attach Schedule F) - 0 -

Schedule H: Total Sales of Campaign Property (Attach Schedule H) - 0 -

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 5,000

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 5,000

Schedule F: Loan Repayments total (Attach Schedule F)..... - 0 -

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)\$ - 0 -

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ - 0 -

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ - 0 -

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ - 0 -

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Regency Foundation

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7-12-05	ID# CK#	Regency Foundation 4600 Westown Pkwy West Des Moines, IA 50266		\$ 5000-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 5000-	
TOTAL (if last page of this schedule)				\$ 5000-	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Regency Foundation

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-12-05	ID# CK#	It's For The Kids Committee 8409 NE 54th Ave Atlanta, GA 30009	contribution	\$ 5000-
	ID# CK#			
SUB-TOTAL				\$ 5000-
TOTAL (if last page of this schedule)				\$ 5000-

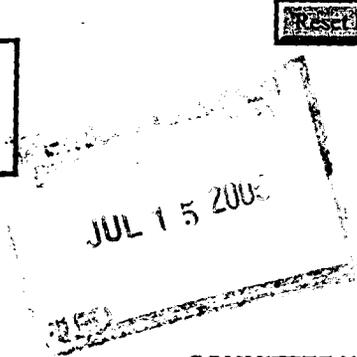
THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
 Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)
 Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

(for Schedule B)

Notice of Dissolution

FORM	(Rev. 07/03)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	_____
Indexed	_____
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

Mail to:
IECDB
510 East 12th, Suite 1A
Des Moines, Iowa 50319



COMMITTEE NAME

Regercy Foundation	
Official Name of Committee	
4600 Westown Parkway	
Street	
West Des Moines, IA 50266	
City, State, Zip Code	
(515) 270-1497	Telephone
Area Code	

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Marnie J Harris

Signature of ~~Candidate~~ or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

7-12-05

Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.