

Palk

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12th, SUITE 1A
DES MOINES, IA 50319
www.iowa.gov/ethics

Reset Form

Form
**VERIFIED STATEMENT
REGISTRATION**
(Out-of-State Committees)
(Rev. 03/05)

For office use only

Comm. # _____
Indexed _____
Audited _____
Checked _____
Computer _____

APR 21 2005

VERIFIED STATEMENT REGISTRATION (Out-of-State Committee)

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE.
SEND A COPY TO THE BOARD WITHIN 15 DAYS OF THE CONTRIBUTION DATE AND
ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE WITH THE CONTRIBUTION.
PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.
THIS FORM MUST BE FILED FOR EACH CONTRIBUTION IN EXCESS OF \$50

COMMITTEE NAME

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym).
Iowa Pro Life Action Committee (IOWA PAC)

Mailing Address
4015 Abby Ave.

City, State, Zip Code
Des Moines, IA 50310

Area Code & Telephone No.
(319) 621-6425

CONTACT PERSON FOR THE COMMITTEE:

Name
Nick Ryan

Mailing Address
4015 Abby Ave.

City, State, Zip
Des Moines, IA 50310

Area Code & Telephone Number
(319) 621-6425

Email Address (Optional) _____

Purpose of Committee/Contribution : (Please indicate by checking appropriate box)

- Candidate Ballot Issue PAC Other PAC Party (State or Central Committee)

STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES

PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE
(Use separate page if needed to list more than one entity)

Name of Jurisdiction <u>FEC</u>	Name <u>N/A</u>
Mailing Address <u>799 E St. NW</u>	Mailing Address _____
City, State, Zip Code <u>Washington, D.C. 20005</u>	City, State, Zip Code _____
Area Code & Telephone No. _____	Area Code & Telephone No. _____

IOWA RESIDENT AGENT

IOWA COMMITTEE RECEIVING CONTRIBUTION

Typed Name of Iowa Resident <u>Nick Ryan</u>	Name of Committee <u>Hensley For City Council</u>
Mailing Address <u>4015 Abby Ave.</u>	Mailing Address <u>730 55th St. Des Moines, IA 50312</u>
City, State, Zip Code <u>Des Moines, IA 50310</u>	Date <u>4/16/2005</u>
Area Code & Telephone No. <u>(319) 621-6425</u>	If In-Kind Contribution, Describe _____
Amount <u>\$ 250</u>	Check # _____
_____	Committee ID # _____

VERIFIED STATEMENT OF COMMITTEE:

Nick Ryan attest that the contribution reported above is accurate and that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I also attest that the reports filed in the named jurisdiction comply with requirements that are substantially similar to Iowa Code section 68A402A6, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account that does not accept contributions from corporations or other prohibited contributors under Iowa Code section 68A503, unless the Iowa recipient committee is a ballot issue committee. I understand that potential civil and criminal penalties may apply unless a copy of this form has been filed with the Iowa Ethics and Campaign Disclosure Board within 15 days of the date of the contribution.

(Person submitting form)

E. D. (Title)

4/16/2005 (Date)