

Scott

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

514 EAST LOCUST, SUITE 104
DES MOINES, IA 50309-1912

Form
VERIFIED STATEMENT
REGISTRATION
(Out-of-State Committees)
(Rev. 08/02)

For office use only

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

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
SEP 11 2005
FILED

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.

COMMITTEE NAME _____

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym.) _____

Mailing Address _____

Teamsters Local Union No. 371 D.R.I.V.E. 7909 42nd street West
City, State, Zip Code _____ Area Code _____ Telephone No. _____
Rock Island, IL. 61201 (309) 787-4456

TREASURER _____ OTHER OFFICERS (Attach second page if needed)

Name of Treasurer Girard "Jeep" Carns	Name of Chairperson Howard F. Spoon
Mailing Address 7909 42nd Street West	Mailing Address 7909- 42nd Street West
City, State, Zip Code Rock Island, IL. 61201	City, State, Zip Code Rock Island, IL. 61201
Telephone (309) 787-4456	Telephone (309) 787-4456

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

Typed Name of Iowa Resident Howard F. Spoon	Name _____
Mailing Address #7 Timberline Drive	Mailing Address _____
City, State, Zip Code Blue Grass, Ia. 52726	City, State, Zip Code _____
Telephone (563) 381-1409	

PURPOSE OF COMMITTEE: To support the nomination and election of candidates who will protect and promote the interest of organized and unorganized workers and the public generally.

STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES _____ IOWA COMMITTEE RECEIVING CONTRIBUTION

Name of Jurisdiction State Board Of Elections	Name of Committee Leslie Miller
Mailing Address 1020 S. Spring St. P.O. Box 4187	Mailing Address 5432 W RIVER DR MAUMONT IA 52802
City, State, Zip Code Springfield, IL. 62708	Date 9/11/2005
Telephone (217) 782-4141	If In Kind Contribution, Describe _____
	Amount \$ 100.00

VERIFIED STATEMENT OF COMMITTEE:

Girard P Carns attests that the contribution reported above is accurate. I further attest that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I attest that the reports filed in the named jurisdiction comply with requirements that are substantially similar to Iowa Code section 56.6, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account, which does not accept contributions from corporations or other prohibited contributors under Iowa Code section 56.15. I understand the potential civil and criminal penalties may apply unless a signed original of this form has been filed with the Iowa Ethics and Campaign Disclosure Board, or the out-of-state committee is registered and filing full disclosure reports in Iowa.

Scott (Only Signature of Treasurer or Chairperson) Secretary-Treasurer (Title) 9-11-2005 (Date)