

Created 08/10

Reset Form

Form **DR-CO**
 Registration of Conduit Organization

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Report Fax Line: (515)281-4073
 www.iowa.gov/ethics

Registration of Conduit Organization

Conduit Organization Information:

Iowa Academy of Ophthalmology	
Conduit Organization Name PO Box 97	Polk City, IA 50226
Mailing Address	City, State, Zip Code
IowaAcademyOp@aol.com	515-984-6383
Email Address (Optional)	Area Code & Telephone No.
Tess Young, Executive Director, Iowa Academy of Ophthalmology	
Contact Name	
PO Box 97	Polk City, IA 50226
Mailing Address	City, State, Zip
IowaAcademy Op@aol.com	515-238-6425
Email Address	Area Code & Telephone Number

Criteria to use this form:

1. Organization collects only earmarked contributions for distribution to designated committees.
2. Organization makes no independent decisions concerning distribution of contributions received.
3. Organization provides all required information to recipient committees for disclosure purposes.

2011 JUN -8 AM 8:36
 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

When to file:

This form must be filed with the Board on or before the organization collects and transfers funds to Iowa committees. The failure to timely file this form leads to the imposition of civil penalties and the intentional failure to file the form may lead to additional civil and criminal sanctions.

For all questions regarding the use of this form, please call the Iowa Ethics and Campaign Disclosure Board office at (515) 281-3489.

Statement of Affirmation:

I, Tess (Terese A.) Young affirm that the information reported above is accurate and the conduit organization falls within the required criteria. I understand that if the conduit organization ceases to comply with the criteria it is subject to all disclosure laws and subject to Board actions.

Terese A Young
 Signature *Executive Director*

6/8/2011
 Date