

**Political Organization** 1006  
**Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning **04-01**, 20 **10** and ending **06-30**, 20 **10**

B Check applicable boxes  Initial report  Change of address  Amended report  Final report

1 Name of organization **FUND FOR A STRONGER IOWA** Employer identification number **26 1738135**

2 Mailing address (P O Box or number, street, and room or suite number)  
**1517 S LEMON ST**

City or town, state, and ZIP code  
**SIOUX CITY IOWA 51106**

3 E-mail address of organization **NO EMAIL ADDRESS** 4 Date organization was formed **01/11/2008**

5a Name of custodian of records **FRED CHADWICK** 5b Custodian's address  
**1517 S LEMON ST**  
**SIOUX CITY IOWA 51106**

6a Name of contact person **SAME** 6b Contact person's address

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number  
**SAME**

City or town, state, and ZIP code  
**SAME** **11052010**

8 Type of report (check only one box)

- a  First quarterly report (due by April 15)
- b  Second quarterly report (due by July 15)
- c  Third quarterly report (due by October 15)
- d  Year-end report (due by January 31)
- e  Mid-year report (Non-election year only-due by July 31)
- f  Monthly report for the month of \_\_\_\_\_ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- g  Pre-election report (due by the 12th or 15th day before the election)
  - (1) Type of election \_\_\_\_\_
  - (2) Date of election \_\_\_\_\_
  - (3) For the state of \_\_\_\_\_
- h  Post-general election report (due by the 30th day after general election)
  - (1) Date of election \_\_\_\_\_
  - (2) For the state of \_\_\_\_\_

9 Total amount of reported contributions (total from all attached Schedules A) **0**

10 Total amount of reported expenditures (total from all attached Schedules B) **100**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here **FRED CHADWICK** Date **11/11/10**  
 Signature of authorized official

SCANNED NOV 23 2010

NOV 18 2010

NOV 13 2010

59996

26

<b>Schedule A Itemized Contributions</b>		Schedule A page _____ of _____
Name of organization		<b>Employer identification number</b>
Contributor's name, mailing address and ZIP code <b>NONE</b>	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date ▶ <b>\$</b>	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date ▶ <b>\$</b>	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date ▶ <b>\$</b>	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date ▶ <b>\$</b>	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date ▶ <b>\$</b>	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date ▶ <b>\$</b>	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date ▶ <b>\$</b>	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<b>\$</b>
	Aggregate contributions year-to-date ▶ <b>\$</b>	Date of contribution
<b>Subtotal</b> of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		<b>\$</b>

<b>Schedule B</b> Itemized Expenditures		Schedule B page _____ of _____
Name of organization		Employer identification number
Recipient's name, mailing address and ZIP code <b>R E SCOTT CO</b> <b>916 GRANDVIEW BLVD</b> <b>SIOUX CITY IA 51101</b>	Name of recipient's employer <b>SAME</b>	Amount of expenditure <b>\$ 100</b>
	Recipient's occupation <b>ACCOUNTING FEES</b>	Date of expenditure <b>04-08-10</b>
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
<b>Subtotal</b> of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872		\$

