

**Political Organization** 1009  
**Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

**A** For the period beginning 07/01, 20 10 and ending 09/30, 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**

**8** Type of report (check only one box)

<p><b>a</b> <input type="checkbox"/> First quarterly report (due by April 15)</p> <p><b>b</b> <input type="checkbox"/> Second quarterly report (due by July 15)</p> <p><b>c</b> <input checked="" type="checkbox"/> Third quarterly report (due by October 15)</p> <p><b>d</b> <input type="checkbox"/> Year-end report (due by January 31)</p> <p><b>e</b> <input type="checkbox"/> Mid-year report (Non-election year only-due by July 31)</p>	<p><b>f</b> <input type="checkbox"/> 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)</p> <p><b>g</b> <input type="checkbox"/> 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 _____</p> <p><b>h</b> <input type="checkbox"/> Post-general election report (due by the 30th day after general election)          (1) Date of election _____          (2) For the state of _____</p>
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<b>9</b> Total amount of reported contributions (total from all attached Schedules A)	9	0
<b>10</b> Total amount of reported expenditures (total from all attached Schedules B)	10	0

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 ▶ 11/1/10  
 Signature of authorized official Date

SCANNED NOV 23 2010  
 NOV 18 2010  
 57:13  
 59996

024  
 NOV 15 2010  
 RECEIVED ENT. DEPT

20

**Schedule A Itemized Contributions**

Schedule A page  of

Name of organization  Employer identification number

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
<b>NONE</b>	Contributor's occupation	\$
	Aggregate contributions year-to-date <input type="text"/> \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date <input type="text"/> \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date <input type="text"/> \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date <input type="text"/> \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date <input type="text"/> \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date <input type="text"/> \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date <input type="text"/> \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date <input type="text"/> \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date <input type="text"/> \$	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 <input type="text"/>		\$

**Schedule B Itemized Expenditures**

Schedule B page  of   
**Employer identification number**

Name of organization <input type="text"/>		
Recipient's name, mailing address and ZIP code <input type="text"/>	Name of recipient's employer <input type="text"/>	Amount of expenditure <input type="text"/>
		\$
	Recipient's occupation <input type="text"/>	Date of expenditure <input type="text"/>

Purpose of expenditure

Recipient's name, mailing address and ZIP code <input type="text"/>	Name of recipient's employer <input type="text"/>	Amount of expenditure <input type="text"/>
		\$
	Recipient's occupation <input type="text"/>	Date of expenditure <input type="text"/>

Purpose of expenditure

Recipient's name, mailing address and ZIP code <input type="text"/>	Name of recipient's employer <input type="text"/>	Amount of expenditure <input type="text"/>
		\$
	Recipient's occupation <input type="text"/>	Date of expenditure <input type="text"/>

Purpose of expenditure

Recipient's name, mailing address and ZIP code <input type="text"/>	Name of recipient's employer <input type="text"/>	Amount of expenditure <input type="text"/>
		\$
	Recipient's occupation <input type="text"/>	Date of expenditure <input type="text"/>

Purpose of expenditure

Recipient's name, mailing address and ZIP code <input type="text"/>	Name of recipient's employer <input type="text"/>	Amount of expenditure <input type="text"/>
		\$
	Recipient's occupation <input type="text"/>	Date of expenditure <input type="text"/>

Purpose of expenditure

Recipient's name, mailing address and ZIP code <input type="text"/>	Name of recipient's employer <input type="text"/>	Amount of expenditure <input type="text"/>
		\$
	Recipient's occupation <input type="text"/>	Date of expenditure <input type="text"/>

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 <input style="width:20%;" type="text"/>	\$ <input style="width:20%;" type="text"/>
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