

Political Organization
Report of Contributions and Expenditures

1009

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)

☐ **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)

9

0

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

10

0

Sign Here

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

Signature of authorized official

Date

For Paperwork Reduction Act Notice, see separate instructions

Cat No 30406G

Form **8872** (11-2002)

SCANNED NOV 23 2010

57-153 NOV 18 2010

59996

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NOV 15 2010
RECEIVED ENT. DEPT

22

Schedule A Itemized Contributions

Schedule A page of

Name of organization

Employer identification number

Contributor's name, mailing address and ZIP code NONE	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	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 ▶ \$	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 ▶ \$	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 ▶ \$	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 ▶ \$	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 ▶ \$	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 ▶ \$	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 ▶ \$	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 ▶ \$	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 ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$

Schedule B Itemized Expenditures

Schedule B page of

Name of organization

Employer identification number

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

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

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872

\$

