

**Political Organization
 Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning 10-1, 20 10 and ending 12-31, 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 SO LEMON ST

City or town, state, and ZIP code
SIOUX CITY, IA 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 **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

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**

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

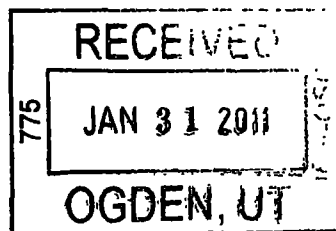
Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

FRED CHADWICK **1-28-11**
 Signature of authorized official Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No 30406G

Form **8872** (11-2002)



SCANNED FEB 03 2011

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
	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
Subtotal 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 _____
Name of organization	Employer identification number

Recipient's name, mailing address and ZIP code STATE EMPLOYEE RIGHT COMMITTEE 8001 BRADDOCK RD SUITE 500 SPRINGFIELD,VA 22160	Name of recipient's employer Recipient's occupation POLITICAL ACTION COMMITTEE	Amount of expenditure \$ 5000.00 Date of expenditure 10-10-2010
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Purpose of expenditure

ADVOCATING FOR STATE EMPLOYEE'S RIGHTS

Recipient's name, mailing address and ZIP code CLARK HILL PLC 1250 EYE ST NW WASHINGTON DC 20025	Name of recipient's employer Recipient's occupation LAWYER	Amount of expenditure \$ 1000 Date of expenditure 12-28-210
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Purpose of expenditure

LEGAL FEES

Recipient's name, mailing address and ZIP code 	Name of recipient's employer Recipient's occupation 	Amount of expenditure \$ Date of expenditure
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Purpose of expenditure

Recipient's name, mailing address and ZIP code 	Name of recipient's employer Recipient's occupation 	Amount of expenditure \$ Date of expenditure
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Purpose of expenditure

Recipient's name, mailing address and ZIP code 	Name of recipient's employer Recipient's occupation 	Amount of expenditure \$ Date of expenditure
--	--	---

Purpose of expenditure

Recipient's name, mailing address and ZIP code 	Name of recipient's employer Recipient's occupation 	Amount of expenditure \$ 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.	\$
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