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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Stanley Consultants Inc PAC

ADDRESS (number and street) 225 IOWA AVENUE

(Check if address is changed)

muscatine IA 52761

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

KilburnShawn@stanleygroup.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.stanleygroup.com

COMMITTEE'S FAX NUMBER

563-264-1658

2. DATE 01 12 2007

3. FEC IDENTIFICATION NUMBER C00415224

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard C. Smith

Signature of Treasurer [Handwritten Signature]

Date 01 12 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

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Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Shawn Kilbourn

Mailing Address 225 Iowa Avenue

Muscataine Iowa

Muscataine IA 52761

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Sr. Administrative

Telephone number 563-264-1630

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Richard C Smith

Mailing Address 225 Iowa Avenue

Muscataine

Muscataine IA 52761

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer

Telephone number 563-264-1620

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First National Bank

Mailing Address

300 E. 2nd Street

Muscatine IA 52761

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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**Federal Election Commission**  
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

	1/22/07
<b>PREPARER</b>	<b>DATE PREPARED</b>

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