

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
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COMMISSION MAIL ROOM

2000 FEB -8 P 1:55

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) IOWANS for HUSTON	2. DATE 2/2/00
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 510 43rd STREET	3. FEC Identification Number
(c) City, State and ZIP Code DES MOINES, IA. 50312	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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
MICHAEL L. HUSTON | Candidate Party Affiliation
DEMOCRATIC | Office Sought
U.S. HOUSE | State/District
IA/4th |
|---|--|------------------------------------|---------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc)
 - (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 JANET G. HUSTON	Mailing Address 510-43rd ST DES MOINES IA 50312	Title or Position ATTORNEY
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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 MARY MALONEY	Mailing Address 3415 WINTER PKWY DES MOINES IA 50310	Title or Position TREASURER
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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. NORWEST BANK IOWA, N.A.	Mailing Address and ZIP Code 666 WALNUT ST. DES MOINES, IA. 50309
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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 MARY MALONEY	SIGNATURE OF TREASURER 	DATE 2/2/00
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1100

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FEC FORM 1
(revised 4/97)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 2-3-00
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<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jur</i> PREPARER	2-8-00 DATE PREPARED