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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

Folk County Democratic Central Committee

ADDRESS (number and street)

P.O. Box 5102
Des Moines, Iowa 50306

(Check if address is changed)

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

polkdem@polkcountydemocrats.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.polkcountydemocrats.com

2. DATE
07/01/02

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT 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

Stephen R. Hampton

Signature of Treasurer



Date July 1, 2002

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.

Office
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For further information contact:
Federal Election Commission
Toll Free 800-424-6530
Facsimile 202-694-1139

FEC FORM 1
(Revised 1/01)

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

Name of Candidate _____

- (d) This committee is a County (National, State or subordinate) committee of the Iowa Democratic (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

Iowa Democratic Party _____

Mailing Address 15661 Fleur Dr _____

Des Moines IA 50321 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship Affiliated _____

Type of Connected Organization

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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 Stephan R. Hampton

Mailing Address 550 63rd St

Des Moines CITY ▲ I.A STATE ▲ 50312 ZIP CODE ▲

Title or Position ▼ Treasurer Telephone number 515 - 255 - 7696

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 Stephan R. Hampton

Mailing Address 650 63rd St

Des Moines CITY ▲ I.A STATE ▲ 50312 ZIP CODE ▲

Title or Position ▼ Treasurer Telephone number 515 - 255 - 7696

Full Name of Designated Agent

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ Telephone number - -

Federal Election Commission

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