

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
SEP 10 11 39 AM '96

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed). THIRD DISTRICT DEMOCRATIC CENTRAL COMMITTEE	2. DATE 9/4/96
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 318 NEVADA	3. FEC Identification Number C 00277368
(c) City, State and ZIP Code ST. CHARLES, IA 50240	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input 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	Candidate Party Affiliation	Office Sought	State/District

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)

(d) This committee is a Subordinate committee of the Iowa Democratic 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.

B. 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 Donald Ruby	Mailing Address 318 NEVADA ST. CHARLES, IA 50240	Title or Position Treasurer
---------------------------------	--	---------------------------------------

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 Donald Ruby	Mailing Address 318 NEVADA ST. CHARLES, IA 50240	Title or Position Treasurer
---------------------------------	--	---------------------------------------

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. IOWA STATE SAVINGS BANK	Mailing Address and ZIP Code P.O. Box 438 KNOXVILLE, IA 50138
--	---

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 Donald Ruby	SIGNATURE OF TREASURER <i>Donald Ruby</i>	DATE 9/4/96
---	--	-----------------------

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.

