

LAW OFFICE

RASMUSSEN & NELSON

117 W. WASHINGTON ST.
P.O. BOX 367
EXTRA, IA 50076

RECEIVED
STATEMENTS CENTER

104 MAR -3 A 9:17

T.M. Rasmussen (1904-1949)
Frank N. Rasmussen (1944-2001)

Robert D. Nelson

Phone (712) 268-5357
FAX (712) 268-2371
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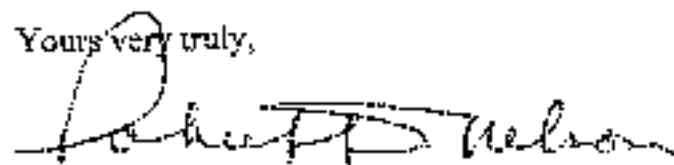
February 27, 2004

Attn: Robin Kelly
Federal Election Commission
999 E. Street NW
Washington, DC 20463

Dear Ms Kelly:

Enclosed is an amended Statement of Organization and Statement of Candidacy for E. Joyce Schulte, who is running for the Democratic nomination for Congress in the 5th District in Iowa. This was necessitated by a change for Mrs. Schulte.

Yours very truly,



Robert D. Nelson
Treasurer, E. Joyce Schulte for Congress Committee

FEC
FORM 1STATEMENT OF
ORGANIZATION

OPERATIONS CENTER

2004 MAR -3 A 9:17

Office Use Only

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

12FE4MS

E JOYCE SCHWILTE FOR CONGRESS

ADDRESS (number and street)

704 N MULBERRY ST

☒ (Check if address
is changed)

CRESTON

IA

50801

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

J.SCHWILTE@SCHWILTEFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SCHWILTEFORCONGRESS

COMMITTEE'S FAX NUMBER

2. DATE

02/25/2004

3. FEC IDENTIFICATION NUMBER ▶

C00389098

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

Robert D. Nelson

Signature of Treasurer

Robert D. Nelson

Date

02/27/2004

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 02/2003)

FORM 4200F

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

E. JOYCE SCHULTE

Candidate Party Affiliation

DEM

Office Sought:

☒ House

Senate

President

State

District

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

Name of Candidate

E. JOYCE SCHULTE

(d)



This committee is a

NAT

(National, State or subordinate) committee of the

DEM

(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

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 ROBERT D NELSON

Mailing Address 117 W WASHINGTON ST
P.O. BOX 367
EXTRA IA 50076

Title or Position CITY STATE ZIP CODE

Telephone number

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 ROBERT D NELSON

Mailing Address 117 W WASHINGTON ST
P.O. BOX 367
EXTRA IA 50076

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 712-268-5357

Full Name of Designated Agent PEGGY SMALLEY

Mailing Address 1612 E DIVISION ST
ANDWEN IA 50025

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 712-563-4324

FEC Form 1 (Revised 02/2013)

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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.

ROLLING HILLS BANK & TRUST

Mailing Address

1307 E 7TH ST

ATLANTA

GA

30302

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☒ USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C) 2-27-04
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☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
<i>fr</i>	3-3-04
PREPARER	DATE PREPARED

(2/2004)