

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 19 P 2:09

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Larry McKibben to Congress	2. DATE May 12, 2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1703 Robertson Drive	3. FEC Identification Number C00328427
(c) City, State and ZIP Code Marshalltown, Iowa 50158	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
Larry McKibben | Candidate Party Affiliation
Republican | Office Sought
U.S. House | State/District
Iowa/03 |
|-------------------------------------|---|-----------------------------|---------------------------|
- (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) (Democrat, 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 Leo E. Herrick	Mailing Address 11 North First Avenue Marshalltown, Iowa 50158	Title or Position Treasurer
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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 Leo E. Herrick	Mailing Address 11 North First Ave., Marshalltown, IA 50158	Title or Position Treasurer
Full Name Marsha Gaskill	Mailing Address 11 North First Ave., Marshalltown, IA 50158	Title or Position Asst. 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. P&M Bank-Iowa	Mailing Address and ZIP Code 11 N. First Avenue, Marshalltown, IA 50158
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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 Leo E. Herrick	SIGNATURE OF TREASURER 	DATE May 12, 2000
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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.

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.

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<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 5/17/00
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>OK</i> PREPARER	 5/19/00 DATE PREPARED