

STATE OF IOWA

PUBLIC EMPLOYMENT RELATIONS BOARD

EMPLOYEE ORGANIZATION ANNUAL REPORT

INSTRUCTIONS: An original and one copy of this report must be filed with the Board 90 days after the end of the fiscal year of the employee organization. (NOTE: Failure to file this report, or falsification of information herein may result in revocation of certification(s) of the organization).

1. a. NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYEE ORGANIZATION:

b. NAME, ADDRESS, AND PHONE NUMBER OF AGENT FOR SERVICE:

Hawkeye UniServ Unit, ISEA
1027 West 4th Street
Waterloo, Iowa 50702
319-234-2349

2. NAMES AND ADDRESSES OF PARENT ORGANIZATION(S) WITH WHICH REPORTING ORGANIZATION IS AFFILIATED:

Iowa State Education Association
777 Third Street
Des Moines, IA 50309
515-471-8000

National Education Association
1201 16th St NW
Washington, DC 20036
202-833-4000

3. DAY AND MONTH ON WHICH FISCAL YEAR ENDS: August 31, 2005

4. LIST THE PRINCIPAL OFFICERS AND REPRESENTATIVES OF THE ORGANIZATION:

Name

Title

President
Vice President
Secretary
Treasurer

5. GIVE A GENERAL DESCRIPTION OF THE PUBLIC EMPLOYEES YOUR ORGANIZATION REPRESENTS OR SEEKS TO REPRESENT:

6. a. CURRENT INITIATION FEES ASSESSED NEW MEMBERS: \$ _____

b. CURRENT DUES ASSESSED MEMBERS: \$ _____ Per Year

7. **ATTACH TO THIS ANNUAL REPORT A COMPLETE FINANCIAL REPORT.** The financial report shall contain, at a minimum, the following information: Cash balance from the previous year; a listing of sources and amounts of income; an identified listing of disbursements; and a closing balance. Chapter 8, 621 Ia. Admin. Code, Subrule 8.2(2)(f). (A copy of Form LM-2 or LM-3 may be submitted to fulfill this requirement.)

8. **ATTACH TO THIS ANNUAL REPORT A COMPLETE AUDIT STATEMENT.** The audit shall consist of a statement that the financial report has been reviewed and found to be true and accurate. The audit must be signed by an auditing committee or a person or persons who hold no other office in the employee organization and who did not prepare the financial report. Chapter 8, 621 Ia. Admin. Code, Subrule 8.2(2)(f).

9. NAME OF OFFICIAL SUBMITTING THIS REPORT (*Print or Type*)

Name: _____

Title: President

10. THE UNDERSIGNED, ON BEHALF OF THE REPORTING EMPLOYEE ORGANIZATION, PLEDGES TO COMPLY WITH THE LAWS OF THE STATE OF IOWA, TO ACCEPT MEMBERS WITHOUT REGARD TO AGE, RACE, SEX, RELIGION, NATIONAL ORIGIN OR PHYSICAL DISABILITY. THE UNDERSIGNED FURTHER STATES UNDER OATH THAT THE CONTENTS OF THIS REPORT, INCLUDING ANY ATTACHMENTS, ARE TRUE AND ACCURATE.

Signed: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____,
20053852642, at _____, Iowa.

Notary _____

(Affix Seal)