

Black Hawk

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- This is an initial* Statement of Organization
- This is an amended* Statement of Organization

SEP 10 2003

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

COMMITTEE NAME (Required by law)
People For ENSHAYAN for City Council

IMPORTANT: Indicate type of committee you are reporting for:
 (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER (Required by law) This address used for all reminders and correspondence
 COMMITTEE CHAIR (List additional officers on separate page)

Name <u>MARK A. GREY</u>	Name <u>MARK A. GREY</u>
Mailing Address <u>2210 TREMONT</u>	Mailing Address <u>2210 TREMONT ST</u>
City, State Zip Code <u>CEDAR FALLS IOWA 50613</u>	City, State Zip Code <u>CEDAR FALLS IOWA 50613</u>
Phone (319) <u>266-6454</u>	Phone (319) <u>266-6454</u>
e-Mail <u>PEOPLE4ENSHAYAN@HOTMAIL.COM</u>	e-Mail _____

INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for/against ballot issue(s)
 Comment or description:

All Candidates Enter: WARD 4 City of CEDAR FALLS District: _____
 Office Sought: _____
 Political Party (if applicable) _____ Year Standing for Election: 2003
 County/Local Candidates and Local Ballot/Franchise Committees Enter: _____ Date of Election: NOVEMBER 4
 County: _____

Bank Account Name <u>PEOPLE FOR ENSHAYAN for City Council</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor <u>KAMYAR ENSHAYAN</u>
Name of Financial Institution/type of Account <u>UNI Credit Union - Checking</u>	Mailing Address <u>1703 WASHINGTON - CEDAR FALLS IA 50613</u>
Mailing Address <u>802 W. 29th Street</u>	City <u>Cedar Falls IA 50613</u>
City <u>Cedar Falls IA 50613</u>	State <u>IA</u>
Zip <u>50613</u>	Zip <u>50613</u>
Phone (319) <u>266-5468</u>	Phone (319) <u>266-5468</u>
e-Mail _____	e-Mail _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box: (3)
 (Statement of intent required by law for all committees, except state parties and central committees and committees using only personal funds.)

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE	(6) PRORATED REFUND TO CONTRIBUTORS
(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)	(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)
<u>(3) DONATED TO CHARITABLE ORGANIZATION (specify) <u>House of Hope/Water-Loo, IA</u></u>	(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)
(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)	(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC
(5) PARTISAN CONGRESSIONAL DISTRICT FUND	

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$500.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer
Kamya Enshayan
 Signature of Candidate, DR, if PAC, Central Committee or Local Ballot Issue, Chairperson

Date Signed
9/8/03
Sept 8, 03
 Date Signed