Black Hawk

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FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

☒ This is an **initial*** Statement of Organization

☐ This is an **amended*** Statement of Organization

SEP 4 2003

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.

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION

For Office Use Only

Comm. # 13322

Indexed

Audited

Computer

sent info 9.5.03

COMMITTEE NAME (Required by law)

PFALZGRAF FOR COUNCIL COMMITTEE

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)*

Name: ROBERT J. BROWN

Mailing Address: 4315 STERLING LANE

City, State Zip Code: CEDAR FALLS IOWA 50613-6479

Phone (319) 266-5062

e-Mail: BobNJudyB62@AOL.COM

COMMITTEE CHAIR *(List additional officers on separate page)*

Name: MARLENE BEHN - CO-CHAIRMAN

Mailing Address: 100 RIVER RIDGE RD.

City, State Zip Code: CEDAR FALLS IOWA 50613

Phone (319) 266-7470

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:

Office Sought: City Council

District: CEDAR FALLS IOWA

Political Party (if applicable)

Year Standing for Election:

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: BLACK HAWK

Date of Election: NOVEMBER 4 2003

Bank Account Name ↓↓

PFALZGRAF FOR COUNCIL COMMITTEE

Name of Financial Institution/type of Account ↓↓

FIRST NATIONAL BANK

Mailing Address ↓↓

602 MAIN ST

City ↓↓ State ↓↓ Zip ↓↓

CEDAR FALLS IOWA 50613

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor ↓↓

ELAINE A. PFALZGRAF

Mailing Address ↓↓

904 ROYAL DRIVE

City ↓↓ State ↓↓ Zip ↓↓

CEDAR FALLS IOWA 50613

Phone (319) 277-1860

e-Mail PFALZGRAFE@CFU.NET

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

(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

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) HUMANE SOCIETY

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

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.

Robert J. Brown — Signature of Treasurer — August 28, 2003 — Date Signed

Glenn Pfalzgraf — Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson — August 28, 2003 — Date Signed

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SEP 4 2003

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION

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COMMITTEE NAME (Required by law)

PFALZGRAF FOR COUNCIL COMMITTEE

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)*

Name

Mailing Address

City, State Zip Code

Phone ( )

e-Mail

COMMITTEE CHAIR *(List additional officers on separate page)*

Name: Doug Laudick - Co-Chairman

Mailing Address: 1717 Continental Dr

City, State Zip Code: Cedar Falls Iowa 50613

Phone (319) 277-7770

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:

Office Sought: _____ District: _____

Political Party (if applicable) _____ Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: _____ Date of Election: _____

Bank Account Name ↓ ↓

Name of Financial Institution/type of Account ↓ ↓

Mailing Address ↓ ↓

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Candidate name & Address ↓ ↓ or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Mailing Address ↓ ↓

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Phone ( )

e-Mail

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

(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

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) _____

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

_____

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 _____ Date Signed _____

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson _____ Date Signed _____

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FORM **DR-1** (Rev. 06/97)	STATEMENT OF ORGANIZATION

For Office Use Only

Comm. # _____

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Audited _____

Computer _____

SEP 4 2007

COMMITTEE NAME (Required by law)

PFALZGRAF FOR COUNCIL COMMITTEE

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	Name: JAMES DAY - CO-CHAIRMAN
Mailing Address	Mailing Address: 3101 BOULDER DR
City, State Zip Code	City, State Zip Code: CEDAR FALLS, IOWA 50613
Home Phone ( )	Home Phone (319) 268-0832
Day Phone ( )	Day Phone ( )

INDICATE PURPOSE OF COMMITTEE - Check One Box ☐ To support or oppose candidate(s) ☐ To support or oppose ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought: _____ District: _____

Political Party (if applicable) _____ Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: _____ Date of Election: _____

Bank Account Name ↓↓	**Candidate Name & Address** or **Parent Entity** (PACs, if applicable), **Affiliate, or Sponsor** ↓↓
Name of Financial Institution/Type of Account ↓↓	Mailing Address ↓↓
Mailing Address ↓↓	City ↓↓ State ↓↓ Zip ↓↓
City ↓↓ State ↓↓ Zip ↓↓	Home Phone ( )
	Day Phone ( )

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION (Statement of intent required by law for all committees, except state parties and central committees.)

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) _____

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY)

(9) OTHER (PACs ONLY). PLEASE BE SPECIFIC

_____

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 five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties (fines) under the disclosure law. I also 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. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

_____ Signature of Treasurer _____ Date Signed

_____ Signature of Candidate or Chairperson (if a PAC) _____ Date Signed