

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

MAR 5 2004

FORM DR-1 (Rev. 02/96)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # <u>17550</u>	
Indexed <u>db</u>	
Audited <u>db</u>	
Computer <u>db</u>	

COMMITTEE NAME (Required by law)

Citizens To Elect Steve Graham

IMPORTANT: Indicate type of committee you are reporting for: 4

(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 (This address used for all reminders (Required by law) and correspondence)

COMMITTEE CHAIR (List additional officers on separate page)

Name Steve Dotzler
Mailing Address 182 Summit Dr.
City, State Zip Code Cedar Falls Ia. 50613
Home Phone (319) 266 7608
Day Phone () _____

Name Becky Dotzler
Mailing Address 182 Summit Dr.
City, State Zip Code Cedar Falls Ia 50613
Home Phone (319) 266 7608
Day Phone () _____

PACs: INDICATE PURPOSE OF COMMITTEE

All Candidates Enter:

Office Sought: Supervisor District: _____
Political Party (if applicable) Democrat Year Standing for Election: 2004
County/Local Candidates Enter: _____ Date of Election: 8 June 04
County: Black Hawk

Bank Account Name Citizens To Elect Steve Graham
Name of Financial Institution/Type of Account John Deere Community Credit Union / checking
Mailing Address P.O. Box 6000
City State Zip Waterloo Ia. 50704

Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Steve Graham
Mailing Address 2106 W. 7th St. 50702
City State Zip _____
Home Phone (319) 232-8265
Day Phone (319) 232-8265

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

- | | |
|--|--|
| (1) DONATED TO <u>Black Hawk</u> 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) |
| (3) DONATED TO CHARITABLE ORGANIZATION (specify) _____ | (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 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.

Stephen Dotzler
Signature of Treasurer
Steven A. Graham
Signature of Candidate or Chairperson (if a PAC)

28 Feb 04
Date Signed
28 Feb 04
Date Signed