FOR INSTRUCTIONS, SEE BACK OF FORM

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
FEB 12 2004
FILED

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

For Office Use Only
Comm. # _____
Indexed _____
Audited _____
Computer _____

CHECK ONE:

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

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

** An initial Statement of Organization should be filed 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)
JOHANNSEN FOR SUPERVISOR COMMITTEE

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 (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
Home Phone (319) 266-5062
Day Phone ( ) SAME

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

Name:
Mailing Address:
City, State Zip Code:
Home 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: SUPERVISOR
District: BLACK HAWK COUNTY
Political Party (if applicable) REPUBLICAN
Year Standing for Election: 2004
County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: BLACK HAWK COUNTY
Date of Election: NOVEMBER 2, 2004

Bank Account Name ↓↓
JOHANNSEN FOR SUPERVISOR COMMITTEE
Name of Financial Institution/Type of Account ↓↓
WELLS FARGO
Mailing Address ↓↓
191 W. 5TH ST
City ↓↓ State ↓↓ Zip ↓↓
WATERLOO IOWA 50701

Candidate Name & Address or **Parent Entity (PACs, if applicable), Affiliate, or Sponsor** ↓↓
SONIA A. JOHANNSEN
Mailing Address ↓↓
3720 VILLAGE PL. Apt. 6209
City ↓↓ State ↓↓ Zip ↓↓
WATERLOO IOWA 50702
Home Phone (319) 291-8522
Day Phone ( ) SAME

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: 3

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE
(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)
(3) DONATED TO CHARITABLE ORGANIZATION
(specify) COMMUNITY FOUNDATION OF WATERLOO & N.E. IOWA
(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.

Robert J. Brown — Signature of Treasurer — Date Signed: 2/10/04

Sonia A. Johannsen — Signature of Candidate or Chairperson (if a PAC) — Date Signed: 2/10/04