

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

Reset Form

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comp. # _____	_____
Indexed _____	_____
Audited _____	_____
Computer _____	_____

*An initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

COMMITTEE NAME

GREEN PARTY OF BLACK HAWK COUNTY, Iowa

MAY 29 2003

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)

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COMMITTEE TREASURER

COMMITTEE CHAIR

Name: Jim O'LOUGHLIN
 Mailing Address: 1004 FRANKLIN ST
 City, State Zip Code: CEDAR FALLS, IA 50613
 Phone: (319) 277-3577
 e-Mail: jim2_oloughlin@yahoo.com

Name: DAVID LARSON
 Mailing Address: 516 W 8TH ST
 City, State Zip Code: WATERLOO, IA 50702
 Phone: (319) 233-1216
 e-Mail: Del.trueleft@burningmail.com

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 ↓ ↓ #0001900430
 John Deere Community Credit Union
 Name of Financial Institution/type of Account ↓ ↓
 Mailing Address ↓ ↓ ↓ ↓
 1827 Ansbrough Ave.
 Waterloo IA 50701
 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 | (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 \$750.00 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: _____
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson: _____

Date Signed: 5/27/03
 Date Signed: 5/27/03