

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

JAN 13 2004

* 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.

FORM *Buchanan* STATEMENT OF ORGANIZATION DR-1 (Rev. 10/98)

For Office Use Only

Comm. # _____ Indexed _____ Audited _____ Computer _____

COMMITTEE NAME (Required by law)

Committee to Elect Bill Wolfgram for Sheriff

IMPORTANT: Indicate type of committee you are reporting for:

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(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: Dorothy Wolfgram
 Mailing Address: 210 Park Street
 City, State Zip Code: Maynard, IA 50655-7572
 Home Phone (563) 637-2254
 Day Phone () Same

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: Sheriff District: _____

Political Party (if applicable) Democrat Year Standing for Election: 2004

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

County: Buchanan Date of Election: November 2, 2004

Bank Account Name ↓↓
Bill Wolfgram for Sheriff
 Name of Financial Institution/Type of Account ↓↓
Checking Account
First National Bank of Delweir
 Mailing Address ↓↓
1 West Charles
 City ↓↓ State ↓↓ Zip ↓↓
Delweir Iowa 50662

Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor ↓↓
Bill Wolfgram
 Mailing Address ↓↓
1425 Jackson Ave.
 City ↓↓ State ↓↓ Zip ↓↓
Hazelton Iowa 50641
 Home Phone (319) 636-2165
 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 1

- (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 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.

Dorothy M. Wolfgram
Signature of Treasurer

January 9, 2004
Date Signed

Bill Wolfgram
Signature of Candidate, OR, if PAC or Central Committee, Chairperson

January 9, 2004
Date Signed