IA ETHICS AND
CAMPAIGN DISCLOSURE

2010 MAY 18 PM 1:26

FOR INSTRUCTIONS, SEE BACK OF FORM

FORM DR-1 (Rev. 02/95)	STATEMENT OF ORGANIZATION

For Office Use Only
Comm. # 9020
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)

Buena Vista County Democrats Central Committee

IMPORTANT: Indicate type of committee you are registering for: [7]
(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) Slate of candidates (list candidates under purpose of committee)

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

Name: Mary Weiland
Mailing Address: 590-520th Street
City, State Zip Code: Alta, Iowa 51002
Home Phone: (712) 284-1514
Day Phone: (712) 213-7431

COMMITTEE CHAIR (List additional officers on separate page)

Name: Keith Moe
Mailing Address: 421 Orchard Street
City, State Zip Code: Albert City, Iowa 50510
Home Phone: (712) 843-3593
Day Phone: (712) 843-5416

PACs: INDICATE PURPOSE OF COMMITTEE

All Candidates Enter:
Office Sought:
District:
Year Standing for Election:
Political Party (if applicable)
County/Local Candidates and Local Ballot/Franchise Committees Enter:
Date of Election:
County:

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
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/NATIONAL 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 COMMITTEE CHAIRPERSON

I are aware that I am required to file disclosure reports if this 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.

Mary Weiland
Signature of Treasurer

5-18-2010
Date Signed

Keith Moe
Signature of Candidate or Chairperson (if a PAC)

12 May 10
Date Signed