

FOR INSTRUCTIONS, SEE BACK OF FORM

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.*

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

COMMITTEE NAME (Required by law)

Pals for Sheriff Committee

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 state of candidates (list candidates under purpose of committee)

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

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

Name _____	Name _____
Mailing Address _____	Mailing Address _____
City, State Zip Code _____	City, State Zip Code _____
Phone () _____	Phone () _____
e-Mail _____	e-Mail _____

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 ↓ ↓ _____
 Name of Financial Institution/type of Account ↓ ↓ _____
 Mailing Address ↓ ↓ _____
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓ _____

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
 ↓ ↓
Kevin Pals
 Mailing Address ↓ ↓
314 Willowbrook Drive
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓
Mason City IA 50401
 Phone (415) 424-2781
 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 \$500.00 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 55, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Annette K. Rufford
 Signature of Treasurer

1-19-04
 Date Signed

Kevin Pals
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

1-19-04
 Date Signed