

FOR INSTRUCTIONS, SEE BACK OF FORM

Cerro Gordo

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. # <u>17102</u>	
Indexed <u>ob</u>	
Audited _____	
Computer <u>ob</u>	

COMMITTEE NAME (Required by law)
Pals for Sheriff Committee

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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)

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	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Name of Financial Institution/type of Account	<u>Kevin Pals</u>
Mailing Address	Mailing Address
City State Zip	<u>22176-B Balsam Ave</u> City <u>Clear Lake</u> State <u>IA</u> Zip <u>50428</u>
	Phone (641) <u>797-2920</u>
	e-Mail <u>Kipals@wctatel.net</u>

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box:

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE	(8) 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 56, chapter 88B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Annette K Rulford 7-16-04
 Signature of Treasurer Date Signed

Kevin Pals 7-16-04
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson Date Signed