

Chickasaw

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

MAR 15 2004

<b>FORM DR-1</b> (Rev. 05/02)	<b>STATEMENT OF ORGANIZATION</b>
<b>For Office Use Only</b>	
Comm. #	<u>17570</u>
Indexed	<u>db</u>
Audited	
Computer	<u>db</u>

\*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 (Required by law)

Karen Mulford for County Auditor

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

COMMITTEE CHAIR (List additional officers on separate page)

Name Betty Gorman  
Mailing Address 610 E. Main St.  
City, State Zip Code New Hampton, IA 50659  
Phone (641) 394-2493  
e-Mail \_\_\_\_\_

Name Karen Mulford  
Mailing Address 614 W. Wilson  
City, State Zip Code New Hampton, IA 50659  
Phone (641) 394-5564  
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: Chickasaw Co. Auditor District: \_\_\_\_\_  
Political Party (if applicable) Republican Year Standing for Election: \_\_\_\_\_  
County/Local Candidates and Local Ballot/Franchise Committees Enter: County: Chickasaw Date of Election: 11-2-04

Bank Account Name Karen Mulford for Co. Auditor  
Name of Financial Institution/type of Account Security State Bank / Checking  
Mailing Address 25 N. Chestnut  
City New Hampton State IA Zip 50659

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Karen Mulford  
Mailing Address 614 W. Wilson  
City New Hampton State IA Zip 50659  
Phone (641) 394-5564  
e-Mail \_\_\_\_\_

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION (Statement of intent required by law for all committees, except state parties and central committees and committees using only personal funds.)

- Indicate disposition of funds by marking appropriate number in box:  3
- |   |  |
|---|--|
| (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) <u>Holy Family Parish.</u> | (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.

Betty Gorman  
Signature of Treasurer  
Karen Mulford  
Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

3-10-04  
Date Signed  
3-10-04