

Dallas

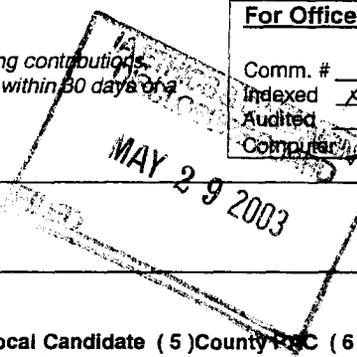
FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

*An initial Statement of Organization should be filled 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.

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	13300
Indexed	db
Audited	
Computer	db



COMMITTEE NAME
CITIZENS FOR ~~MARVIN~~ BERGER

IMPORTANT: Indicate type of committee you are reporting for: 4
 (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

Name: MARVIN BERGER

Mailing Address: BOX 205

City, State Zip Code: WAUKEE, IA 50263

Phone (515): 987-4466

e-Mail: MDBALDY@AOL.COM

COMMITTEE CHAIR

Name: MARVIN BERGER

Mailing Address: BOX 205

City, State Zip Code: WAUKEE, IA 50263

Phone (515): 987-4466

e-Mail: MDBALDY@AOL.COM

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: CITY COUNCIL District: WAUKEE

Political Party (if applicable): _____ Year Standing for Election: 2003

County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: DALLAS Date of Election: 6-3-03

Bank Account Name
CITIZENS FOR BERGER
MARVIN BERGER

Name of Financial Institution/type of Account: BANKERS TRUST - BUSINESS CHECKING

Mailing Address: BOX 205

City: WAUKEE State: IA Zip: 50263

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

MARVIN BERGER

Mailing Address: BOX 205

City: WAUKEE State: IA Zip: 50263

Phone (515): 987-4466

e-Mail: _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 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>TOURNEY CHRISTIAN CHURCH</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.

 Signature of Treasurer

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

 Date Signed 5-23-03

 Date Signed 5-23-03