

**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 must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.*

Reset Form

FORM <b>DR-1</b> (Rev. 07/2003)	STATEMENT OF ORGANIZATION
<b>For Office Use Only</b>	
Comm. #	<u>13315</u>
Indexed	<u>ab</u>
Audited	
Computer	<u>ab</u>

*Jasper* S

**COMMITTEE NAME** ↓ ↓  
CHAZ ALLEN FOR MAYOR AUG 18 2003

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

<b>COMMITTEE TREASURER</b> (mandatory for all committees)	<b>COMMITTEE CHAIR</b> (mandatory except for a candidate's committee)
Name ↓ ↓ <u>Pamela Comer</u>	Name ↓ ↓ <u>ANDREW SASSAMAN</u>
Mailing Address ↓ ↓ <u>1428 N 7 AVE E</u>	Mailing Address ↓ ↓ <u>608 South 6th Ave West</u>
City, State ↓ ↓ Zip Code ↓ ↓ <u>Newton IA 50208</u>	City, State ↓ ↓ Zip Code ↓ ↓ <u>Newton Iowa 50208</u>
Phone <u>(641) 792-6221</u>	Phone (641) <u>787-1294</u>
e-Mail <u>srcpdc@pcpartner.net</u>	e-Mail <u>toolbag@iowatelecom.net</u>

**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: MAYOR District: AT-LARGE  
 Political Party (if applicable): \_\_\_\_\_ Year Standing for Election: 2003  
**County/Local Candidates and Local Ballot/Franchise Committees Enter:** County: JASPER Date of Election: 11-4-03

<b>Bank Account Name</b> ↓ ↓ <u>AMEND AT LATER DATE</u>	<b>Candidate name &amp; Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor</b> ↓ ↓
Name of Financial Institution/type of Account ↓ ↓	<u>CHARLES ALLEN</u>
Mailing Address ↓ ↓	Mailing Address ↓ ↓ <u>1438 N. 7TH AVE. E.</u>
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	City ↓ ↓ State ↓ ↓ Zip ↓ ↓ <u>NEWTON IA. 50208</u>
	Phone (641) <u>791-0307</u>
	e-Mail <u>CHAZVEE@IOWATELECOM.NET</u>

**STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:**

- The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
- That Iowa Code section 68A.6 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
- That Iowa Code section 68A.14 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.
- That Iowa Code section 68A.15 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
- A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.40 through 68A.42 and rule 351—4.25.
- That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

*Pamela Comer*  
 Signature of Treasurer  
*Chaz Allen*  
 Signature of Candidate, OR, for all other committees, Chairperson

8-17-03  
 Date Signed  
8-17-03  
 Date Signed

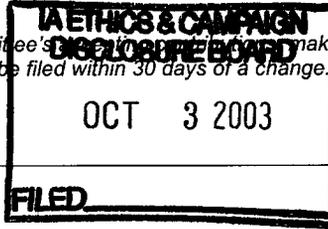
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<b>FORM DR-1</b> (Rev. 07/2003)	STATEMENT OF ORGANIZATION
<b>For Office Use Only</b>	
Comm. # _____	Indexed _____
Audited _____	Computer _____



**COMMITTEE NAME** ↓ ↓ \_\_\_\_\_

**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

<b>COMMITTEE TREASURER</b> (mandatory for all committees)	<b>COMMITTEE CHAIR</b> (mandatory except for a candidate's committee)
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: \_\_\_\_\_

<b>Bank Account Name</b> ↓ ↓ <u>CHAZ ALLEN FOR MAYOR</u> Name of Financial Institution/type of Account ↓ ↓ <u>US BANK</u> Mailing Address ↓ ↓ <u>112 W 2ND ST SOUTH</u> City ↓ ↓ State ↓ ↓ Zip ↓ ↓ <u>NEWTON IA 50208</u>	<b>Candidate name &amp; Address</b> or <b>Parent Entity (PACs, if applicable), Affiliate, or Sponsor</b> ↓ ↓ Mailing Address ↓ ↓ _____ City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Phone ( ) _____ e-Mail _____
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\_\_\_\_\_  
Signature of Treasurer

Chaz Allen  
Signature of Candidate, OR, for all other committees, Chairperson

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed