

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

DEC 26 2002

FORM DR-1 (Rev. 05/02)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	17232-A
Indexed	<input checked="" type="checkbox"/>
Audited	
Computer	ab

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.

COMMITTEE NAME (Required by law)
KRIZ FOR TREASURER COMMITTEE

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 (Required by law) This address used for all reminders and correspondence
COMMITTEE CHAIR (List additional officers on separate page)

Name: JOHN W. ALLEN
 Mailing Address: 1417 SPRUCE ST.
 City, State Zip Code: IOWA CITY, IOWA 52240
 Phone (319): 351-0310
 e-Mail:

Name: BARBARA K. FARNSWORTH
 Mailing Address: 1839 C ST.
 City, State Zip Code: IOWA CITY, IOWA 52245
 Phone (319): 354-5846
 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: COUNTY TREASURER District: _____
 Political Party (if applicable): DEMOCRATIC Year Standing for Election: 2002
 County/Local Candidates and Local Ballot/Franchise Committees Enter: County: JOHNSON Date of Election: 11-05-02

Bank Account Name ↓ ↓
THOMAS L. KRIZ
 Name of Financial Institution/type of Account ↓ ↓
US BANK CHECKING
 Mailing Address ↓ ↓
1243 PRAISE GRASS LANE
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓
IOWA CITY IOWA 52246

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
 ↓ ↓
THOMAS L. KRIZ
 Mailing Address ↓ ↓
1243 PRAISE GRASS LANE
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓
IOWA CITY IOWA 52246
 Phone (319): 358-7743
 e-Mail: KRIZ@AVALON.NET

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box:
 (1) DONATED TO COUNTY CENTRAL COMMITTEE
 (2) DONATED TO DEMOCRATIC LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)
 (3) DONATED TO CHARITABLE ORGANIZATION (specify) _____
 (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)
 (5) PARTISAN CONGRESSIONAL DISTRICT FUND
 (6) PRORATED REFUND TO CONTRIBUTORS
 (7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)
 (8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)
 (9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

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 \$100 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 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: John W. Allen Date Signed: 12-17-02
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson: Thomas L. Kriz Date Signed: 12-17-02