

**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 \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.*

MAR 12 2001

FORM <b>DR-1</b> (Rev. 07/00)	STATEMENT OF ORGANIZATION
For Office Use Only <span style="float: right;">17319-A</span>	
Comm. #	17756
Indexed	
Audited	
Computer	js

**COMMITTEE NAME (Required by law)**

Committee to Re-elect Sheriff Van Otterloo

**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)

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

**COMMITTEE CHAIR** (List additional officers on separate page)

Name Craig Bartolozzi  
 Mailing Address 604 Cleveland Street  
 City, State Zip Code Remsen, IA 51050  
 Phone (712) 786-3343  
 e-Mail \_\_\_\_\_

Name Mary L. Rowden  
 Mailing Address 135 9th Ave. SE  
 City, State Zip Code Le Mars, IA 51031  
 Phone (712) 546-1714  
 e-Mail wmkrow@frontiernet.net

**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** ↓ ↓  
 Name of Financial Institution/type of Account ↓ ↓  
 Mailing Address ↓ ↓  
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓

**Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor**  
 ↓ ↓  
 Mailing Address ↓ ↓  
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓  
 Phone ( ) \_\_\_\_\_  
 e-Mail \_\_\_\_\_

- 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 \_\_\_\_\_ 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 \$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 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Craig Bartolozzi  
 Signature of Treasurer  
Mary L. Rowden  
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

3-8-01  
 Date Signed  
 3-8-01  
 Date Signed