

**FOR INSTRUCTIONS, SEE BACK OF FORM**

CHECK ONE:

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

Reset Form

<b>FORM DR-1</b> (Rev. 01/2003)	<b>STATEMENT OF ORGANIZATION</b>
<b>For Office Use Only</b>	
Comm. # _____	Indexed _____
Audited _____	Computer _____

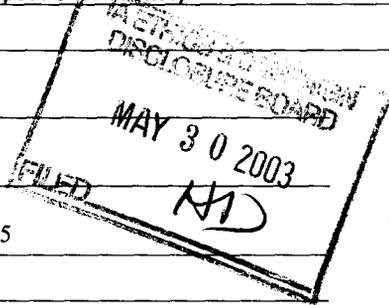
*\*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.*

**COMMITTEE NAME**  
 Peter M. Rose For Mayor

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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)

<b>COMMITTEE TREASURER</b> Name: Pamela A. Rose Mailing Address: 668 48th Street City, State Zip Code: Des Moines, Iowa 50312-1955 Phone ( 515 ) 277-7528 e-Mail: Petermarkrose@aol.com	<b>COMMITTEE CHAIR</b> Name: Peter M. Rose Mailing Address: 668 48th Street City, State Zip Code: Des Moines, Iowa 50312-1955 Phone ( 515 ) 277-7528 e-Mail: Petermarkrose@aol.com
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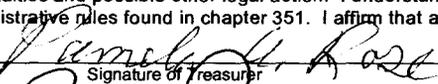
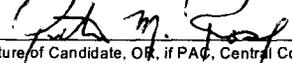
**INDICATE PURPOSE OF COMMITTEE** – Check One Box  Advocate for/against candidate(s)  Advocate for/against ballot issue(s)  
 Comment or description: Contributions to assist in the election of Peter M. Rose for Mayor of City of Des Moines, Iowa

**All Candidates Enter:**  
 Office Sought: Mayor of Des Moines District: \_\_\_\_\_  
 Political Party (if applicable) Independent Year Standing for Election: 2003  
**County/Local Candidates and Local Ballot/Franchise Committees Enter:**  
 County: \_\_\_\_\_ Date of Election: 10-7-03, ----11-4-03

<b>Bank Account Name</b> ↓ ↓ Name of Financial Institution/type of Account ↓ ↓ Mailing Address ↓ ↓ City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Des Moines Iowa	<b>Candidate name &amp; Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor</b> Peter M. Rose Mailing Address ↓ ↓ 668 48th Street City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Des Moines Iowa 50312 Phone ( 515 ) 277-7528 e-Mail: Petermarkrose@aol.com
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**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 \$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	4/9/03 _____ Date Signed
 _____ Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson	4/9/03 _____ Date Signed