

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

RECEIVED
 FEB 26 2007
 Reset Form

FORM DR-1 (Rev. 01/2006)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

**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. A candidate with an open committee that exceeds \$750 in activity for another office shall file within 10 days either a new or amended DR-1 disclosing information concerning the campaign for the new office sought.*

COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)

Hanafan for Mayor

IMPORTANT: Indicate type of committee you are reporting for: [6]
 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee
 (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC
 (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue(including committee involved in multiple city/county ballot issues)

COMMITTEE TREASURER (mandatory for all committees)

Name ↓ ↓ Barbara J Malick

Mailing Address ↓ ↓ 115 East View Dr

City, State ↓ ↓ Zip Code ↓ ↓ Council Bluffs, IA 51503

Phone (712) 323-3721

e-Mail barbmalick@cox.net

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name ↓ ↓ _____

Mailing Address ↓ ↓ _____

City, State ↓ ↓ Zip Code ↓ ↓ _____

Phone () _____

e-Mail _____

INDICATE PURPOSE OF COMMITTEE – Check One Box Advocate for/against candidate(s) Advocate for ballot issue(s)
 Comment or description: Advocate against ballot issue(s)

All Candidates Enter:
 Office Sought: Mayor of Council Bluffs
 Political Party (if applicable) _____
 District: _____
 Year Standing for Election: _____

County/Local Candidates and Local Ballot Committees Enter:
 County: Pottawattamie
 (If active in multiple ballot issue elections, attach list of counties)
 Date of Election: 11/8/2005

Bank Account Name ↓ ↓ Hanafan for Mayor

Name of Financial Institution/type of Account ↓ ↓ US Bank

Mailing Address ↓ ↓ 421 West Broadway

City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Council Bluffs, IA 51503

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

↓ ↓ Thomas P Hanafan

Mailing Address ↓ ↓ 104 Norwood Dr

City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Council Bluffs, IA 51503

Phone (712) 322-4746

e-Mail _____

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.402 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.405 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. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form.
- That Iowa Code section 68A.503 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.301 through 68A.303 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.

 Signature of Treasurer

 Date Signed

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

 Date Signed

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COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)

Hanafan for Mayor

IMPORTANT: Indicate type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee
 (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC
 (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)

COMMITTEE TREASURER (mandatory for all committees)

Name ↓ ↓ Barbara J Malick

Mailing Address ↓ ↓ 115 East View Dr

City, State ↓ ↓ Zip Code ↓ ↓ Council Bluffs, IA 51503

Phone (712) 323-3721

e-Mail barbmalick@cox.net

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name ↓ ↓

Mailing Address ↓ ↓

City, State ↓ ↓ Zip Code ↓ ↓

Phone ()

e-Mail

INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for ballot issue(s)
 Advocate against ballot issue(s)

All Candidates Enter:

Office Sought: Mayor of Council Bluffs

Political Party (if applicable) _____

District: _____

Year Standing for Election: _____

County/Local Candidates and Local Ballot Committees Enter:

County: Pottawattamie

(if active in multiple ballot issue elections, attach list of courses)

Date of Election: 11/8/2005

Bank Account Name ↓ ↓

Hanafan for Mayor

Name of Financial Institution/type of Account ↓ ↓

US Bank

Mailing Address ↓ ↓

421 West Broadway

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Council Bluffs, IA 51503

Candidate name & Address or Party/Unit (PACs if applicable), Affiliate, or Sponsor ↓ ↓

Thomas P Hanafan

Mailing Address ↓ ↓

104 Norwood Dr

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Council Bluffs, IA 51503

Phone (712) 322-4746

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Barbara J Malick
Signature of Treasurer

2.26.07
Date Signed

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

Date Signed