

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

2

JUL 8 2004

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	25064
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 \$500. 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)

Public Safety Initiative

Pottawattamie

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)

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

COMMITTEE CHAIR (List additional officers on separate page)

Name: Christopher L. Sorensen
Mailing Address: Council Bluffs, IA 51503
City, State Zip Code: Council Bluffs, IA 51503
Address: 58 Cotner Drive
Phone (712): 325-4991
e-Mail: cmsorensen1@cox.net

Name: Steven F. Gorman
Mailing Address: 19865 ELMA LANE
City, State Zip Code: Council Bluffs, IA 51503
Phone (712): 323-1536
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: _____

Bank Account Name ↓ ↓
Public Safety Initiative
Name of Financial Institution/type of Account ↓ ↓
Peoples National Bank
Mailing Address ↓ ↓
201 Bennett Ave, PO Box 557
City ↓ ↓ State ↓ ↓ Zip ↓ ↓
Council Bluffs IA 51503

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 (Statement of intent required by law for all committees, except state parties and central committees and committees using only personal funds.)
Indicate disposition of funds by marking appropriate number in box: 3

- | | |
|--|--|
| (1) DONATED TO _____ COUNTY CENTRAL COMMITTEE | (6) PRORATED REFUND TO CONTRIBUTORS |
| (2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one) | (7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY) |
| (3) DONATED TO CHARITABLE ORGANIZATION (specify) <u>Muscular Dystrophy Association</u> | (8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY) |
| (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one) | (9) OTHER (PACs ONLY), PLEASE BE SPECIFIC |
| (5) PARTISAN CONGRESSIONAL DISTRICT FUND | |

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.

Chris Sorensen
Signature of Treasurer
Steven F. Gorman
Signature of Candidate, OR, IF PAC, Central Committee or Local Ballot Issue, Chairperson

9-27-04
Date Signed
9-27-04
Date Signed