

Pottawattamie

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- [X] 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 \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM DR-1 (Rev. 05/02) STATEMENT OF ORGANIZATION
For Office Use Only
Comm. # 9/15/02
Indexed
Audited
Computer

COMMITTEE NAME (Required by law)

Citizens For Kevin Brown, School Board

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: David Overholtzer
Mailing Address: 14865 Valley View Dr.
City, State Zip Code: Council Bluffs, IA 51503
Phone: (712) 328-7284
e-Mail:

Name:
Mailing Address:
City, State Zip Code:
Phone:
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: School Board Director District: Council Bluffs
Political Party (if applicable):
County/Local Candidates and Local Ballot/Franchise Committees Enter: County:
Date of Election: Sept 10, 2002

Bank Account Name: Citizens For Kevin Brown, School Board
Name of Financial Institution/type of Account: US Bank
Mailing Address: 1751 Madison Ave.
City, State Zip: Council Bluffs IA 51503

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor: Kevin Brown
Mailing Address: 711 Perrin Ave
City, State Zip: Council Bluffs IA 51503
Phone: (712) 322-6067
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.)

- (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: David Overholtzer

Date Signed: 9/4/2002

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson: Kevin Brown

Date Signed: Sept 4, 2002