

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

Reset Form

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

*An initial Statement of Organization should be filed 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
Committee To Elect Moritz

JUN 30 2003

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 | COMMITTEE CHAIR |
|---|-------------------------------|
| Name Thomas D. Moritz | Name _____ |
| Mailing Address 220 North Elmwood Avenue | Mailing Address _____ |
| City, State Zip Code Davenport, IA 52802 | City, State Zip Code _____ |
| Phone (563) 324-4752 | Phone () _____ |
| e-Mail tomandrox@earthlink.net | 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: Davenport City Council / Alderman District: 1st Ward

Political Party (if applicable) _____ Year Standing for Election: 2003

County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: Scott Date of Election: 11/4/2003

| | |
|---|---|
| Bank Account Name Committee To Elect Moritz | Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Roxanna B Moritz |
| Name of Financial Institution/type of Account Wells Fargo / Checking | Mailing Address 220 North Elmwood Avenue |
| Mailing Address 1618 North Main Street | City State Zip Davenport, IA 52802 |
| City State Zip Davenport, IA 52803 | Phone (563) 324-4752 |
| | e-Mail roxannamoritz@earthlink.net |

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
Indicate disposition of funds by marking appropriate number in box:

| | |
|--|--|
| (1) DONATED TO <u>Scott County Democrat</u> 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) _____ | (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 \$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

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

 Date Signed 6/24/03

 Date Signed 6/30/03