FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

☐ This is an **initial*** Statement of Organization

☒ This is an **amended*** Statement of Organization

JUL 2 (. 03

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.

FORM DR-1 (Rev. 06/99)	STATEMENT OF ORGANIZATION

For Office Use Only

Comm. # _____
Indexed _____
Audited _____
Computer _____

COMMITTEE NAME (Required by law)

Re-elect Fitzgerald for Sheriff

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)*

Name: Thomas A. Weber
Mailing Address: 430 LYNN AVE.
City, State Zip Code: AMES IA 50014
Home Phone (515) 292-9462
Day Phone (515) 294-6453

COMMITTEE CHAIR *(List additional officers on separate page)*

Name: Mary E. Richards
Mailing Address: 3217 West St.
City, State Zip Code: Ames, IA 50014-3536
Home Phone (515) 292-8174
Day Phone ( )

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: Sheriff
District:
Political Party (if applicable): Democratic
Year Standing for Election: ~~12~~ 2004

County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: STORY
Date of Election:

Bank Account Name ↓↓
Re-elect Fitzgerald for Sheriff

Name of Financial Institution/Type of Account ↓↓
1st National Bank

Mailing Address ↓↓
5th + Burnett

City ↓↓ State ↓↓ Zip ↓↓
Ames IA 50010

Candidate Name & Address or **Parent Entity (PACs, if applicable), Affiliate, or Sponsor** ↓↓
Paul H. Fitzgerald

Mailing Address ↓↓
907 Clayton RD

City ↓↓ State ↓↓ Zip ↓↓
Colo, IA 50056

Home Phone (641) 377-2522
Day Phone (515) 382-7456

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

(Statement of intent required by law for all committees, except state parties and central committees.)

Indicate disposition of funds by marking appropriate number in box: 1

(1) DONATED TO Democratic 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 $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.

Thomas A. Weber — Signature of Treasurer — Date Signed: 07-23-03

Paul H. Fitzgerald — Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson — Date Signed: 07-23-03