

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 <u>T. R. I. O.</u>	JUL 22 2003
IMPORTANT: Indicate type of committee you are reporting for: 6 (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 Name: <u>MARY F. SALEM</u> Mailing Address: <u>4419 CHEYENNE BLVD</u> City, State Zip Code: <u>SIoux CITY IA 51104</u> Phone (712) <u>239-8530</u> e-Mail: _____	COMMITTEE CHAIR Name: <u>RUDY SALEM</u> Mailing Address: <u>P.O. BOX 5047</u> City, State Zip Code: <u>SIoux CITY IA 51102</u> Phone (712) <u>239-8530</u> e-Mail: <u>trio@iowa.usa.com</u>
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INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for/against ballot issue(s)

Comment or description: change the form of govt. in Sioux City, IA

All Candidates Enter: _____ District: _____
 Office Sought: _____ Year Standing for Election: _____
 Political Party (if applicable): _____ Date of Election: _____
 County/Local Candidates and Local Ballot/Franchise Committees Enter: _____
 County: _____

Bank Account Name ↓ ↓ <u>T. R. I. O.</u> Name of Financial Institution/type of Account ↓ ↓ <u>First National Bank checking</u> Mailing Address ↓ ↓ <u>600 Pierce St. P.O. Box 5410</u> City ↓ ↓ State ↓ ↓ Zip ↓ ↓ <u>SIoux CITY IA 51102</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor ↓ ↓ Mailing Address ↓ ↓ City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Phone () _____ e-Mail _____
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DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box: (1)

(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) _____	(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.

<u><i>Mary F. Salem</i></u> Signature of Treasurer	<u>7-19-03</u> Date Signed
<u><i>Rudy Salem</i></u> Signature of Candidate, OR, PAC, Central Committee or Local Ballot Issue, Chairperson	<u>7-19-03</u> Date Signed