

FOR INSTRUCTIONS, SEE BACK OF FORM

APR 12 2004

CHECK ONE:

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

*An Initial Statement of Organization should be filed 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 latefiled Statements of Organization.

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	_____
Indexed _____	_____
Audited _____	_____
Computer _____	_____

COMMITTEE NAME (Required by law)

COMMITTEE TO ELECT JOSWIAK SHERIFF

4

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: GALEN BEHREND

Mailing Address: 1305 FAIRWAY DRIVE

City, State Zip Code: MARSHALLTOWN, IA 50158

Phone (641) 752-9790

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: MARSHALL COUNTY SHERIFF District: _____

Office Sought: _____

Political Party (if applicable) REPUBLICAN Year Standing for Election: 2004

County/Local Candidates and Local Ballot/Franchise Committees Enter: _____ Date of Election JUNE 8, 2004

County: MARSHALL

Bank Account Name Committee to Elect Joswiak Sheriff

Name of Financial Institution/Type of Account Wells Fargo Bank NA

Mailing Address 102 S Center St

City Marshalltown IA State IA Zip 50158

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor DAVID E. JOSWIAK

Mailing Address 2543 145TH STREET

City MARSHALLTOWN, IOWA State IOWA Zip 50158

Phone (641) 752-4982

e-Mail djoswiak@yahoo.com

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 \$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 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.

Galen Behrend
Signature of Treasurer

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

4-5-04
Date Signed

04-05-2004
Date Signed