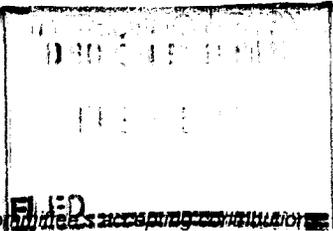


FOR INSTRUCTIONS, SEE BACK OF FORM

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 candidate's announcement 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. # _____	Indexed _____
Audited _____	Computer _____

COMMITTEE NAME (Required by law)

Friends of Dyanne Roby

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 *This address used for all reminders and correspondence*
(Required by law)

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

Name Ardyth D. Orr
Mailing Address 2105 Pinefield Ave.
City, State Zip Code Muscatine IA 52761
Phone (563) 299-6908
e-Mail ardythdorr@hotmail.com

Name Richard Marr
Mailing Address 2810 Musquitoa Dr
City, State Zip Code Muscatine IA 52761
Phone (563) 263-0019
e-Mail rmarr@murrezgrg.com

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: Muscatine County Bd. Supervisors District: 4

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

County/Local Candidates and Local Ballot/Franchise Committees Enter: County: Muscatine Date of Election: primary 6-8-04

Bank Account Name ↓ ↓
First National Bank of Muscatine
Name of Financial Institution/type of Account ↓ ↓
Oakview Branch
Mailing Address ↓ ↓ ↓ ↓
3107 Hwy 61 North
City ↓ ↓ State ↓ ↓ Zip ↓ ↓
Muscatine IA 52761

Candidate name & Address or Parent Entity (PACs, if applicable),
Affiliate, or Sponsor
↓ ↓
Dyanne E. Roby
Mailing Address ↓ ↓ ↓ ↓
2570 Carterbury Rd
City ↓ ↓ State ↓ ↓ Zip ↓ ↓
Muscatine IA 52761-9702
Phone (563) 264-2762
e-Mail robym@machlink.com

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

- | | |
|--|--|
| (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.

Ardyth D. Orr
Signature of Treasurer
Dyanne E. Roby
Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

01-30-04
Date Signed
1-30-04
Date Signed