

Scott

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

MAY 19 2003

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	13/22
Indexed	<input checked="" type="checkbox"/>
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 Dan Vance

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 state of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER	COMMITTEE CHAIR
Name <u>Paula R. Vance</u>	Name <u>Cammie Pohl</u>
Mailing Address <u>2449 W. 13th St.</u>	Mailing Address <u>1216 N. Concord St.</u>
City, State Zip Code <u>Davenport, IA 52804</u>	City, State Zip Code <u>Davenport, IA 52804</u>
Phone (563) <u>326-6450</u>	Phone (563) <u>391-6732</u>
e-Mail <u>PaulaV613@aol.com</u>	e-Mail <u>r-pohl@msn.com</u>

INDICATE PURPOSE OF COMMITTEE - Check One Box  Advocate for/against candidate(s)  Advocate for/against ballot issue(s)

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

Bank Account Name Name of Financial Institution/type of Account Mailing Address City State Zip	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) 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 in 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.

Paula R. Vance Signature of Treasurer  
Dan Vance Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

5-18-03 Date Signed  
5/18/03 Date Signed