

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 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.

SEP 27 2005

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	13122
Indexed	
Audited	
Computer	

COMMITTEE NAME

Committee To Elect Dan Vance

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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

COMMITTEE CHAIR

Name: Candise Clements
 Mailing Address: 126 Ridgewood Ave
 City, State, Zip Code: Davenport, IA 52804
 Phone: (563) 579-3474
 e-Mail:

Name: Anthony Vance
 Mailing Address: 1304 N. Elmwood Ave
 City, State, Zip Code: Davenport, IA
 Phone: (563) 343-8161
 e-Mail: AJV1977@aol.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: Alderman At Large District:
 Political Party (if applicable):
 County/Local Candidates and Local Ballot/Franchise Committees Enter: County: Scott Date of Election: Nov. 8, 2005

Bank Account Name: Committee To Elect Dan Vance
 Name of Financial Institution/type of Account: Alcoa Community Credit Union
 Mailing Address: 1710 Grant Street
 City, State, Zip: Bettendorf, IA 52722

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor: Dan Vance
 Mailing Address: 2449 W. 13th Street
 City, State, Zip: Davenport, IA 52804
 Phone: (563) 326-6450
 e-Mail: danv118@aol.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 \$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.

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

Date Signed: 9/15/05
 Date Signed: