

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.

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	<u>17586</u>
Indexed	_____
Audited	_____
Computer	_____

COMMITTEE NAME

John Carroll for Supervisor

MAR 29 2004

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
Tom Carroll
Mailing Address
5501 Victoria Avenue
City, State Zip Code
Bettendorf, IA 52722
Phone (563) 441-2131
e-Mail _____

Name
Thomas Mason
Mailing Address
1928 Forest Road
City, State Zip Code
Davenport, IA 52803
Phone (563) 441-9983
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:
Office Sought: County Supervisor District: _____
Political Party (if applicable) Republican Year Standing for Election: 2004
County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: Scott Date of Election: 11/2/04

Bank Account Name ↓ ↓
John Carroll for Supervisor
Name of Financial Institution/type of Account ↓ ↓
American Bank and Trust Co.
Mailing Address ↓ ↓
4301 E. 53rd Street
City ↓ ↓ State ↓ ↓ Zip ↓ ↓
Davenport, IA 52807

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
↓ ↓
John M. Carroll
Mailing Address ↓ ↓
137 Forest Road,
City ↓ ↓ State ↓ ↓ Zip ↓ ↓
Davenport, IA 52803
Phone (563) 359-4640
e-Mail jc@jcarroll-law.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.)
Indicate disposition of funds by marking appropriate number in box:

- | | |
|--|--|
| (1) DONATED TO <u>Scott</u> 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.

Tom Carroll
Signature of Treasurer
John M. Carroll
Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

3/23/04 Date Signed
3/23/04 Date Signed