

**FOR INSTRUCTIONS, SEE BACK OF FORM**

CHECK ONE:

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

APR - 8 2004

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

\*An initial Statement of Organization should be filled 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**  
Re-elect Conard for 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)

<b>COMMITTEE TREASURER</b>	<b>COMMITTEE CHAIR</b>
Name <u>Gary R. Hansen</u>	Name <u>Richard Huff</u>
Mailing Address <u>1117 W. 58<sup>th</sup> ST.</u>	Mailing Address <u>625 E. 15<sup>th</sup> ST</u>
City, State Zip Code <u>Davenport, IA 52806</u>	City, State Zip Code <u>Davenport, IA 52803</u>
Phone (563) <u>386-6786</u>	Phone (563) <u>322-1721</u>
e-Mail <u>grh8223a@msb.com</u>	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:** Sheriff District: Scott County  
 Office Sought: \_\_\_\_\_  
 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

<b>Bank Account Name</b> <u>Conard for Sheriff</u>	<b>Candidate name &amp; Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor</b> <u>Dennis J. Conard</u>
Name of Financial Institution/type of Account <u>Quad City Bank + Trust</u>	Mailing Address <u>2811 E. Hayes</u>
Mailing Address <u>4500 Brady ST</u>	City State Zip <u>Davenport, IA 52803</u>
City State Zip <u>Davenport, IA 52806</u>	Phone (563) <u>359-7638</u>
	e-Mail <u>NOT CONRAD@MCNSL.COM</u>

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

(1) DONATED TO <u>Republican</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.

Gary R. Hansen  
 Signature of Treasurer

Dennis J. Conard  
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

4-6-04  
 Date Signed

04-08-04  
 Date Signed