

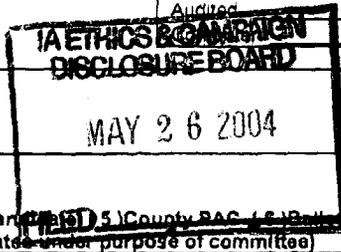
FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

*An initial Statement of Organization should be 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.

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



COMMITTEE NAME
Sunderbruch for Supervisor

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 candidate under purpose of committee)

COMMITTEE TREASURER	COMMITTEE CHAIR
Name <u>Judy Sunderbruch</u>	Name <u>John (Skip) O'Donnell</u>
Mailing Address <u>2138 W. Hayes ST.</u>	Mailing Address <u>3218 Fernwood CT.</u>
City, State Zip Code <u>Davenport, IA. 52804</u>	City, State Zip Code <u>Davenport, IA. 52807</u>
Phone (563) <u>386-6460</u>	Phone (563) <u>359-6477</u>
e-Mail _____	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: June 8, 2004

Bank Account Name <u>Sunderbruch for Supervisor</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor <u>Tom Sunderbruch</u>
Name of Financial Institution/type of Account <u>Q.C. Bank & Trust</u>	Mailing Address <u>2138 W. Hayes ST.</u>
Mailing Address <u>4500 N. Brady St.</u>	City <u>Davenport</u> State <u>IA.</u> Zip <u>52804</u>
City <u>Davenport</u> State <u>IA.</u> Zip <u>52806</u>	Phone (563) <u>386-6460</u>
e-Mail _____	e-Mail _____

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.

Judith L. Sunderbruch Signature of Treasurer Date Signed 3-23-04

Thomas A. Amundson Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson Date Signed 3-22-04