

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
**510 EAST 12<sup>TH</sup>, SUITE 1A**  
**DES MOINES, IA 50319**  
**Report Fax Line: (515)281-4073**  
**www.iowa.gov/ethics**

# Registration of Conduit Organization

Form	<b>DR-CO</b>
	<b>Registration of Conduit Organization</b>
<b><u>For office use only</u></b>	
Indexed	_____
Audited	_____
Checked	_____
Computer	_____

**Conduit Organization Information:**

Conduit Organization Name	
Mailing Address	City, State, Zip Code
Email Address (Optional)	Area Code & Telephone No.
Contact Name	
Mailing Address	City, State, Zip
Email Address	Area Code & Telephone Number

Criteria to use this form:
<ol style="list-style-type: none"> <li>1. Organization collects only earmarked contributions for distribution to designated committees.</li> <li>2. Organization makes no independent decisions concerning distribution of contributions received.</li> <li>3. Organization provides all required information to recipient committees for disclosure purposes.</li> </ol>

**When to file:**

This form must be filed with the Board on or before the organization collects and transfers funds to Iowa committees. The failure to timely file this form leads to the imposition of civil penalties and the intentional failure to file the form may lead to additional civil and criminal sanctions.

For all questions regarding the use of this form, please call the Iowa Ethics and Campaign Disclosure Board office at (515) 281-3489.

**Statement of Affirmation:**

I, \_\_\_\_\_ affirm that the information reported above is accurate and the conduit organization falls within the required criteria. I understand that if the conduit organization ceases to comply with the criteria it is subject to all disclosure laws and subject to Board actions.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**