IA ETHICS AND
CAMPAIGN DISCLOSURE BD

2008 MAY 14 AM 9:19

Reset Form

FORM DR-SFA (Rev. 03/2008)	Statement of Organization "Paid For By"

For Office Use Only
Comm. # _____
Indexed _____
Audited _____
Computer _____

FOR INSTRUCTIONS SEE BACK OF FORM

☒ I am filing this form to use the shorter "paid for by" attribution. The committee will not be crossing the $750 threshold.* This form must be filed prior to the distribution or posting of the political material.

**If the committee crosses the threshold, a DR-1 Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding $750. In addition, the committee will be required to file campaign disclosure reports.*

COMMITTEE NAME ↓↓ (A candidate's committee must include the candidate's last name in the name of the committee).
PEASLEY FOR SUPERVISOR

IMPORTANT: Indicate type of committee you are registering for: 5
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee
(5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC
(10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)

COMMITTEE CHAIR (mandatory for all committees except a candidate's committee)

Name ↓↓ MICHELLE HOFFMANN
Mailing Address ↓↓ 1348 410TH AVENUE
City, State ↓↓ Zip Code ↓↓ CLINTON, IOWA 52732
Phone (563) 682-7394
e-Mail dmhoff@netins.net

CANDIDATE (mandatory except for a non-candidate committee)

Name ↓↓ RICHARD PEASLEY
Mailing Address ↓↓ 1257 HOSPITAL DRIVE
City, State ↓↓ Zip Code ↓↓ DEWITT IOWA 52742
Phone (563) 659-3371
e-Mail randrpeasley@mail.com

INDICATE PURPOSE OF COMMITTEE – Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for ballot issue(s) ☐ Advocate against ballot issue(s)
Comment or description:

All Candidates Enter:
Office Sought: CLINTON COUNTY SUPERVISOR
Political Party (if applicable) REPUBLICAN
District: _____
Year Standing for Election: 2008

County/Local Candidates and All Other Committees Enter:
County: CLINTON
(If active in multiple ballot issue elections, attach list of counties or enter "statewide")
Date of Election: 06-03-08 (PRIMARY)

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.

2. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.

3. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.

4. That if the committee exceeds $750 in campaign activity, a DR-1 Statement of Organization must be filed within 10 days and the committee is required to file campaign disclosure reports.

5. That this form is filed prior to the distribution or posting of political material requiring the "paid for by" attribution.

Signature of Candidate, OR, for all other committees, Chairperson

05-12-08
Date Signed