IA ETHICS AND CAMPAIGN DISCLOSURE B

2014 SEP 25 AM 8:08

Reset Form

FORM DR-SFA (Rev. 04/2009)	Statement of Organization "Paid For By"
For Office Use Only	
Comm. # 43	
Indexed	
Audited	
Computer	

FOR INSTRUCTIONS SEE BACK OF FORM

This Form to be filed for each:

☑ 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.

☐ Amended form updating any previously filed information including Date of Election and Year Standing for Election.

**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).

Gustafson for Hospital Board

IMPORTANT: Indicate type of committee you are registering for: 7

(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 ↓ ↓ Kathi Gustafson

Mailing Address ↓ ↓ 2405 Frontier Road

City, State ↓ ↓ Denison, IA Zip Code ↓ ↓ 51442

Phone (712) 263-5494

e-Mail kathi_30@yahoo.com

CANDIDATE (mandatory except for a non-candidate committee)

Name ↓ ↓ Thomas E. Gustafson

Mailing Address ↓ ↓ 2405 Frontier Road

City, State ↓ ↓ Denison, IA Zip Code ↓ ↓ 51442

Phone (712) 263-6475

e-Mail gustaw@frontiernet.net

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: Crawford County Memorial Hospital Board of Trustees

Political Party (if applicable) N/A

District:

Year Standing for Election: 2014

County/Local Candidates and All Other Committees Enter:

County: Crawford

(If active in multiple ballot issue elections, attach list of counties or enter "statewide")

Date of Election: 11-4-2014

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.
6. A new form or amended form is required to be filed for each subsequent election that I am involved.

Thomas E Gustafson

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

9-24-14

Date Signed