

**FOR INSTRUCTIONS, SEE BACK OF FORM**

Reset Form

<b>FORM DR-SFA</b> (Rev. 01/2006)	Statement of Organization "Paid For By"
	<b>For Office Use Only</b> Comm. # _____ Indexed _____ Audited _____ Computer _____

I am filing this form to use the shorter "paid for by" attribution. The committee will not be crossing the \$750 threshold.\*

\*If the committee crosses the threshold, an initial 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.

NOV 3 2006  
PM 11:25

**COMMITTEE NAME** ↓↓ (A candidate's committee must include the candidate's last name in the name of the committee.) **PAID FOR BY**

ROBERT E. EADS FOR WRITE-IN CANDIDATE FOR MAYOR

**IMPORTANT:** Indicate type of committee you are registering for: 6

(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 TREASURER** (mandatory for all committees)

**CANDIDATE or COMMITTEE CHAIR** (mandatory except for a candidate's committee)

Name ↓↓ ROBERT E. EADS

Mailing Address ↓↓ HCL MAIN ST.

City, State ↓↓ Zip Code ↓↓ OXFORD IOWA 52323

Phone (563) 826-2155

e-Mail \_\_\_\_\_

Name ↓↓ LED BIRD SALL

Mailing Address ↓↓ 602 FAIRVIEW ST

City, State ↓↓ Zip Code ↓↓ OXFORD IOWA 52325

Phone (563) 826-2782

e-Mail \_\_\_\_\_

**INDICATE PURPOSE OF COMMITTEE** - Check One Box  Advocate for/against candidate(s)  Advocate for ballot issue(s)  
 Comment or description: TO ELECT BY WRITE IN A PERSON AS MAYOR TO FILL VACANCY CAUSED BY MAYORAL RESIGNATION  Advocate against ballot issue(s)

**All Candidates Enter:**  
 Office Sought: MAYOR, OXFORD IOWA  
 Political Party (if applicable) N.A.  
 District: CITY OF OXFORD IOWA  
 Year Standing for Election: 2004

**County/Local Candidates and Local Ballot Committees Enter:**  
 County: JONES  
 (If active in multiple ballot issue elections, attach list of counties)  
 Date of Election: 11/07/06

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

- 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.
- 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.
- 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.
- 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.

Robert E. Eads 10-30-06  
 Signature of Treasurer

LED BIRD SALL  
 Signature of Candidate, OR, for all other committees, Chairperson

\_\_\_\_\_  
 Date Signed

10/30/06  
 Date Signed