

IA ETHICS AND CAMPAIGN DISCLOSURE

Receipt Form

2007 OCT -4 AM 8:13

FORM DR-SFA (Rev. 01/2006)	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.*

*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.

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

THE COMMITTEE TO ELECT MELISSA MORGAN FOR MAYOR

IMPORTANT: Indicate type of committee you are registering for: 10

- (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)

Name ↓ ↓ Rebecca Jones
Mailing Address ↓ ↓ 716 W Main
City, State ↓ ↓ Zip Code ↓ ↓ Saint Charles, Ia 50240
Phone (417) 396-2658
e-Mail bdanks75@hotmail.com

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

Name ↓ ↓ DENNIS PECK
Mailing Address ↓ ↓ 2416 St Charles Rd
City, State ↓ ↓ Zip Code ↓ ↓ SAINT CHARLES, Ia 50240
Phone (417) 396-2913
e-Mail _____

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: Melissa Morgan running for Mayor of St. Charles

All Candidates Enter:
Office Sought: MAYOR
Political Party (if applicable) _____
District: _____
Year Standing for Election: _____

County/Local Candidates and Local Ballot Committees Enter:
County: MADISON
(If active in multiple ballot issue elections, attach list of counties)
Date of Election: NOV 6, 2007

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.406 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.

[Signature]
Signature of Treasurer

[Signature]
Signature of Candidate, One for all other committees, Chairperson

10-3-07
Date Signed

10-3-07
Date Signed