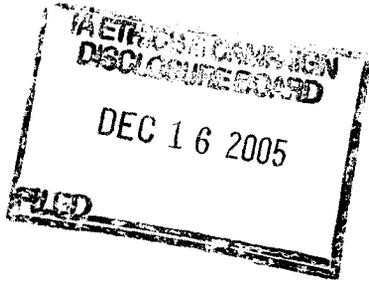


# Notice of Dissolution

Reset Form

FORM	(Rev. 07/03)
<b>DR-3</b> <b>NOTICE OF DISSOLUTION</b>	
<b>For Office Use Only</b>	
Comm. #	_____
Indexed	_____
Audited	_____
Computer	_____
Certified Date of Dissolution	_____



### COMMITTEE NAME

CITIZENS ACTING FOR RESPONSIBLE EDUCATION (CARE)	
Official Name of Committee	
27621 EIK Chapel Rd	
Street	
LAMONI, IA 50140	
City, State, Zip Code	
(515) 784 6281	
Area Code	Telephone

### WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Bill Salomon Treasurer  
Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

10-31-05  
Date Signed

**FOR INSTRUCTIONS, SEE BACK OF FORM**  
**This form is not applicable to statutory political committees.**