

Keokuk

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

FORM	(Rev. 02/96)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	<u>17242</u>
Indexed	<u>sb</u>
Audited	_____
Computer	<u>sb</u>
Certified Date of Dissolution	_____

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

COMMITTEE NAME

Official Name of Committee	
<u>Sheila E. Gould for Treasurer</u>	
Street	
<u>23169 206th Ave.</u>	
City, State, Zip Code	
<u>Sigourney, IA. 52591</u>	
Area Code	Telephone
<u>(641)</u>	<u>622-3389</u>

Effective date of dissolution:

01-14 - 2003

Sheila E. Gould
Signature of Treasurer

01-14-03
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Sheila E. Gould
Signature of Candidate - Required for Candidate's Committee

01-14-03
Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.