

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

Line

FORM	(Rev. 02/96)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	_____
Indexed	_____
Audited	_____
Computer	_____
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

JAN 19 2006
PM 1:18:06

Official Name of Committee	
GEINZER FOR SUPERVISOR COMMITTEE	
Street	
314 N MONROE	
City, State, Zip Code	
LISBON, IOWA	52253
Area Code	Telephone
(319) 455-2540	

Effective date of dissolution:

Jan 9, 2006

Barbara J Geinzer
Signature of Treasurer

Jan 9, 2006
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.

[Signature] Signature of Candidate - Required for Candidate's Committee

1-14-06 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.