

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

Notice of Dissolution

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

DEC 13 2004

COMMITTEE NAME

Official Name of Committee	
RE Elect PAUL DWORCH for SHERIFF	
Street	
1612 W Summit	
City, State, Zip Code	
Winterset, Iowa, 50273	
Area Code	Telephone
(515) 462-1307	

Effective date of dissolution:

Dec 5, 2004, 19

[Signature]

Signature of Treasurer

Dec 5, 2004

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

Dec 5, 2004

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.

Madison

FORM	(Rev. 02/96)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	17279
Indexed	
Audited	
Computer	
Certified Date of Dissolution	