

# DR-3: Notice of Dissolution

<b>Date Posted</b> 4/9/2014
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**DR-3**

ID:	<b>17657</b>
Name:	<b>Waund for Supervisor</b>
Type:	<b>County Candidate - Supervisor</b>
Status:	<b>Filed</b>

Comm. #	17657
Filed	4/9/2014
Audited	
Certified	

Committee Name	<b>Waund for Supervisor</b>
Address	<b>6010 320th St</b>
City, State, Zip	<b>Sanborn, IA 51248</b>
Phone	<b>712-729-5389</b>

Effective Date of Dissolution..... **4/9/2014**

**William Waund** **4/9/2014**  
 \_\_\_\_\_  
 Signature of Treasurer Date Signed

**THIS BOX APPLIES TO CANDIDATE 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.

**Emily Waund** **4/9/2014**  
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 Signature of Candidate Date Signed