

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

Notice of Dissolution

OCT 19 2005

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

FORM	(Rev. 02/98)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	_____
Indexed	_____
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

COMMITTEE NAME

Official Name of Committee	
<i>VOTE YES! CLIVE AQUATIC CENTER</i>	
Street	
<i>1550 NW 75TH ST.</i>	
City, State, Zip Code	
<i>CLIVE, IA 50325-1208</i>	
Area Code	Telephone
<i>(515)</i>	<i>255-2592</i>

Effective date of dissolution:

October 17, 20 *05*

Karen D. Subito
Signature of Treasurer

10-17-05
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 of Candidate - Required for Candidate's Committee

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.