

# DR-3: Notice of Dissolution

**Date Posted**  
1/20/2015

**DR-3**

ID:	<b>30009</b>
Name:	<b>Som Baccam for County Public Hospital Trustee</b>
Type:	<b>Other Political Subdivision Candidate</b>
Status:	<b>Filed</b>

Comm. #	30009
Filed	1/20/2015
Audited	
Certified	

Committee Name	<b>Som Baccam for County Public Hospital Trustee</b>
Address	<b>P.O. Box 35912</b>
City, State, Zip	<b>Des Moines, IA 50315</b>
Phone	<b>515-480-6436</b>

Effective Date of Dissolution..... **1/20/2015**

**Leslie Doerring**

**1/20/2015**

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.

**Som Baccam**

**1/20/2015**

Signature of Candidate

Date Signed