

**DR-3: Notice of Dissolution**Date Posted  
10/20/2014**DR-3**

ID:	<b>2126</b>
Name:	<b>Bob Anderson For State Senate</b>
Type:	<b>State Senate</b>
Status:	<b>Filed</b>

Comm. #	2126
Filed	10/20/2014
Audited	
Certified	

Committee Name	<b>Bob Anderson For State Senate</b>
Address	<b>2621 Ridgeview Dr., NW</b>
City, State, Zip	<b>Swisher, IA 52338</b>
Phone	<b>319-857-5325</b>

Effective Date of Dissolution..... **10/20/2014****Deb Stannard****10/20/2014**

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.

**Bob Anderson****10/20/2014**

Signature of Candidate

Date Signed