

Notice of Dissolution

Reset Form

OCT 31 2002
AFX

FORM	(Rev. 07/02)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	<u>1455</u>
Indexed	_____
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

COMMITTEE NAME

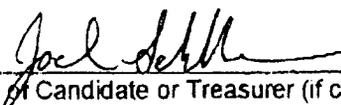
<u>Joel Schnebke Committee</u>	
Official Name of Committee	
<u>2058 Ave</u>	
Street	
<u>Victor Ia 52347</u>	
City, State, Zip Code	
<u>319</u>	<u>647 2337</u>
Area Code	Telephone

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.


 Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

10-29-02
 Date Signed

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

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES. LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Joel Schnebbe Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
<i>10-30-02</i>	<i>ID#</i> <i>CK#</i> <i>Withdrawal</i>	<i>Shari Schnebbe</i> <i>2058 A Ave</i> <i>Victor Ia 52347</i>	<i>To pay for Ads</i> <i>from 5-30-02</i>	<i>\$27.96</i>
	<i>ID#</i> <i>CK#</i>			

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ *27.96*

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Joel Schnebbe Committee

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
4-19-02	Joel Schnebbe 2058 A Ave Victor Ia		Signs and Cups	\$ 327.58	<input type="checkbox"/>
4-4-02	Shari Schnebbe 2058 A Ave Victor Ia	Wife	Fax + Copies	10.20	<input type="checkbox"/>
5-2-02	Shari Schnebbe Same	Wife	Letters + Postcard	119.98	<input type="checkbox"/>
5-2-02	Shari Schnebbe Same	Wife	Candy + Paper	20.76	<input type="checkbox"/>
5-10-02	Joel Schnebbe Same		Ads	299.26	<input type="checkbox"/>
5-14-02	Joel Schnebbe Same		Ads	152.25	<input type="checkbox"/>
5-14-02	Joel Schnebbe Same		Ads	72.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
	All came from came from Schedule D and are now a in kind contributions to close the committee				<input type="checkbox"/>

SUB-TOTAL \$ 1002.63

TOTAL (if last page of this schedule) \$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Joel Schnebbe Committee

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SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	IF FOR FUND-RAISER CONTRIBUTION
5-18-02	Shari Schnebbe Victor	Wife	Copies	\$ 110.27	<input type="checkbox"/>
5-23-02	Shari Schnebbe Victor	Wife	Signs	264.00	<input type="checkbox"/>
5-23-02	Shari Schnebbe Victor	Wife	Ads	38.25	<input type="checkbox"/>
5-29-02	Shari Schnebbe Victor	Wife	Copies	113.28	<input type="checkbox"/>
5-30-02	Shari Schnebbe Victor	Wife	ads	321.64	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 847.24
 TOTAL (if last page of this schedule) \$ 1819.87

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OCT 30, 2002
WEDNESDAY

FARMERS SAVINGS BANK
CIF INQUIRY - DDA HISTORY

PAGE 1
12:20 PM

DDA HISTORY FOR ACCOUNT NUMBER: 30593 CUSTOMER NAME: SCHNEBBE JOEL C

JOEL SCHNEBBE
COMMITTEE
2058 A AVE
VICTOR IA 52347

CURRENT BALANCE 27.96
AVAILABLE BALANCE .00

HOME PHONE
WORK PHONE
WORK EXT

TAX ID 479-84-8052 ALT ADDRESS 0

DATE	TRAN DESCRIPTION	REFERENCE	CHECK	AMOUNT	BALANCE
	BALANCE FORWARD				27.96
	CLOSING WITHDRAWAL			27.96	.00

OCT 31 2002