

# Notice of Dissolution

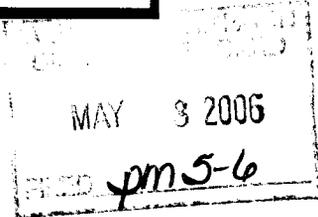
FORM

(Rev. 07/03)

## DR-3 NOTICE OF DISSOLUTION

Reset Form

Mail to:  
IECDB  
510 East 12<sup>th</sup>, Suite 1A  
Des Moines, Iowa 50319



### For Office Use Only

Comm. # 9734  
Indexed 10  
Audited \_\_\_\_\_  
Computer \_\_\_\_\_  
Certified Date of Dissolution \_\_\_\_\_

### COMMITTEE NAME

Hawkeye State PAC	
Official Name of Committee	
P.O. Box 3021	
Street	
Sioux City, IA 51102	
City, State, Zip Code	
712	898-2505
( )	
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)

May 5, 2006  
\_\_\_\_\_  
Date Signed

Date Signed

### FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 9734, Logged In SW, Scanned, Computer, Audited. File with: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th, Ste. 1A, Des Moines, Iowa 50319, Fax: 515-281-3701

COMMITTEE NAME (Must be same as on Statement of Organization) Hawkeye State PAC. IMPORTANT: Indicate by # type of committee you are reporting for: 2. CANDIDATE COMMITTEES ONLY: Candidate Name, Office Sought, Political Party, District.

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT: Jack Botsman

TELEPHONE: 712-251-4544

DATE SIGNED: May 5, 2006

I AM FILING A May 19, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED

CHECK if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election. County & Local Committees, enter County in which Election is held.

STATEMENT OF CASH ON HAND

Table with 2 columns: Description and Amount. Rows include CASH ON HAND at beginning (0.00), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 100.00, Schedule F, Schedule H), SUB-TOTAL (100.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 100.00, Schedule F), CASH ON HAND at end (0.00).

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) \$
\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$
\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$
CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.



FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 07/03)	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)  
Hawkeye State PAC

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
02/01/06	ID# CK#	Harland Checks 2939 Miller Road Decatur, GA 30035	Checks	\$ 16.45
05/05/06	ID# CK# 1501	Jacob Bossman 2417 S Saint Aubin St. Sioux City, IA 51106	Mileage Reimbursement / 198 miles at \$0.40 per mile = \$79.20	79.20
05/05/06	ID# CK# 1502	Woodbury County Republicans P.O. Box 3852 Sioux City, IA 51102	Contribution	4.35
	ID# CK#			
SUB-TOTAL				\$ 100.00
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 100.00</b>

**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 68A.402(3)(i).)