

Notice of Dissolution

Reset Form

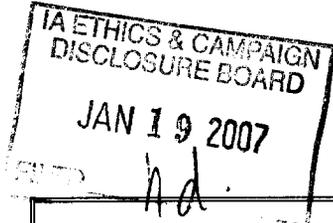
Mail to:
IECDB
510 East 12th, Suite 1A
Des Moines, Iowa 50319

FORM (Rev. 07/03)

DR-3 NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 1663
Indexed
Audited
Computer
Certified Date of Dissolution



COMMITTEE NAME

Citizens to Elect Griswold
Official Name of Committee
211 N. Market Street
Street
Madrid, Iowa 50156
City, State, Zip Code
515 795-2934
Area Telephone
Code

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.

John E. Griswold
Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

01/19/07

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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DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 11663, Logged In 3. 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) Citizens to Elect Griswold. IMPORTANT: Indicate by # type of committee you are reporting for: 1. CANDIDATE COMMITTEES ONLY: Candidate Name John E. Griswold, Political Party (if applicable) Republican, Office Sought State Representative, District (if Senate or House) 46.

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: John E. Griswold, TELEPHONE: (515)-205-4195, DATE SIGNED: 01/19/07

I AM FILING A January 19, 2007 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 columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$793.47), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 900.00, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (\$1,693.47), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 1,109.88, Schedule F: 583.59), CASH ON HAND at the end of this reporting period (\$0.00), **UNPAID BILLS (\$0.00), **IN KIND CONTRIBUTIONS (\$166.41), **OUTSTANDING LOANS (\$0.00), CONSULTANT BREAKDOWN (YES/NO), CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (\$0.00).

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

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Citizens to Elect Griswold

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/02/06	ID# CK# 4800	Russell and Elizabeth Cross 3409 Oakland Street Ames, IA 50014		\$100.00	<input type="checkbox"/>
11/02/06	ID# CK# 5894	Paul and Linda Livingston 3108 Roxboro Drive Ames, IA 50010		200.00	<input type="checkbox"/>
11/03/2006	ID# CK# 7499	Lee and Deborah Moran 1855 Y Avenue Granger, IA 50109		100.00	<input type="checkbox"/>
11/03/06	ID# CK# 2011	Michael St. Clair 3203 SW Court Avenue Ankeny, IA 50023		50.00	<input type="checkbox"/>
11/03/06	ID# CK# 4173	Roger C. Underwood 801 Dayton Rd. Ames, IA 50010		350.00	<input type="checkbox"/>
11/02/06	ID# CK# 1072	John Dasher 4700 Westbend Dr. Ames, IA 50014		50.00	<input type="checkbox"/>
11/08/06	ID# CK# 3605	Kurt and Sindy Friedrich 3414 Honeysuckle Rd Ames, IA 50014		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$
\$ 900.00

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). 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

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
Citizens to Elect Griswold

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
11/03/06	ID# 1663 CK# 1032	Hy Vee 640 Lincoln Way Ames, IA 50010	Postage	\$ 15.60
11/03/06	ID# 1663 CK# 1033	Heuss Printing 903 N. 2nd Street Ames, IA 50010	Mailers and Flyers	687.14
11/06/06	ID# 1663 CK# 1034	Alpha Copies 2310 Lincoln Way Ames, IA 50014	Flyers	14.98
11/07/06	ID# 1663 CK# 1035	Ames Tribune 317 5th Street Ames, IA 50010	Political Advertisement	370.16
11/30/06	ID# 1663 CK#	Bank of the West Madrid, IA 50156	Bank Account monthly Service Charge	11.00
12/31/06	ID# 1663 CK#	Bank of the West Madrid, IA 50156	Bank Account monthly Service Charge	11.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1109.88

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Citizens to Elect Griswold

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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
01/18/2007	John E. Griswold 211 N. Market Street Madrid, IA 50156	Self	Forgiven Loan Balance	\$ 166.41	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	166.41

*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.

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens to Elect Griswold

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 750.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
11/09/06	John E. Griswold 211 N. Market Street Madrid, IA 50156	Self	\$ 520.00
01/18/07	John E. Griswold 211 N. Market Street Madrid, IA 50156	Self	63.59

TOTAL CASH REPAYMENTS (PART II) \$ 583.59

From Schedule E - TOTAL LOANS FORGIVEN \$ 166.41

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0.00

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THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

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

Citizens to Elect Griswold

Reset Form

SCHEDULE H (Rev. 07/03)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 0.00

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ 0.00

TOTALS \$ 0.00 \$ 0.00

* If estimated, show **est.** beside figure.

(Attach Additional Schedules if Needed)

Page 1 of 1 Pages (For Schedule H)