

Notice of Dissolution

Reset Form

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

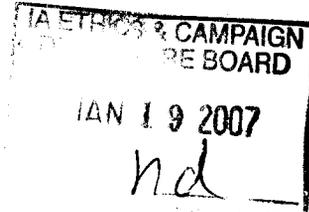
FORM

(Rev. 07/03)

DR-3 NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 1690
Indexed _____
Audited _____
Computer nb
Certified Date of Dissolution _____



COMMITTEE NAME

Payer Campaign
Official Name of Committee
3125 Crocker St
Street
Des Moines, IA 50312
City, State, Zip Code
515 277 5342
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.

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

Date Signed 1/18/07

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. # 1690, Logged In S, 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) Payer Campaign. IMPORTANT: Indicate by # type of committee you are reporting for: 1. (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue. CANDIDATE COMMITTEES ONLY: Candidate Name David Payer, Office Sought State Representative, Political Party (if applicable) Republican, District (if Senate or House) House District 61. Includes IA ETHICS & CAMPAIGN DISCLOSURE BOARD stamp dated JAN 19 2007 FILED nd.

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: David Payer. TELEPHONE: 515-277-5342. DATE SIGNED: 1/18/07

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 2 columns: Description and Amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$223.98), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 0.00, Schedule F: Loans Received total, Schedule H: Total Sales of Campaign Property), SUB-TOTAL, SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: Expenditures total, Schedule F: Loan Repayments total), CASH ON HAND at the end of this reporting period (\$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) \$ 0.00

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 (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)
Payer Campaign

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
11/4/06	ID# CK#	VoiceShot www.voiceshot.com Toll Free: (800) 962-0126	Automated calls	\$ 220.00
11/7/06	ID# CK#	David Payer 3125 Crocker St Des Moines, IA 50312	misc. office expense	3.98
	ID# CK#			
SUB-TOTAL				\$ 223.98
TOTAL (if last page of this schedule)				\$ 223.98

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).)