



**PINAL COUNTY
POLITICAL COMMITTEE
TERMINATION STATEMENT**

A.R.S. § 16-914; A.R.S. § 16-915.01

FOR OFFICE USE ONLY

1. _____
Full Name of Committee or Candidate

Address

City

State

Zip Code

Phone #

2. _____
Sponsoring Organization or Candidate and Office

Email Address

3. ID #

SELECT THE BOXES THAT APPLY:

A. I am terminating a \$500 Threshold Exemption Statement. (Applicable to any candidate for County Office or candidate for a special district governing board who ran for office in the most recent campaign season).

B. This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above have been reported as required by A.R.S. §16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. §16-915.01.

Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies.

The disposition of surplus monies was submitted on the campaign finance report filed on _____.

The disposition of surplus monies is reported on the attached campaign finance report.

C. This committee hereby terminates all activity within the jurisdiction of _____ and asserts that the committee intends to remain active in other jurisdictions and that the committee's remaining monies shall be used for activity in other jurisdictions.
(Insert applicable district, town, city, county, or, out-of-state committee, State of Arizona)

D. This committee has transferred the committee's debts and obligations to a subsequent committee.
Please enter the full name and ID# of the committee into which debts and obligations have been transferred.

Name of Committee

ID#

We/I, _____ certify under penalty
(Name of Chairman and Treasurer or Candidate- Printed)
or perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.

Signature of Chairman / Candidate

Signature of Treasurer (if applicable)