GRAHAM COUNTY
CANDIDATE POLITICAL COMMITTEE
Termination Statement

FOR OFFICE USE ONLY

1.

Full Name of Committee

Address

City Zip County Phone #

2.

Candidate & Office E-mail Address Fax #

3. ID#

CHECK ALL THAT APPLY

A. _____ 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 finance report.

B. _____ This committee hereby terminates all activity within the jurisdiction of _____
County/City/Town
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.

C. _____ 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, _____, certify under penalty of perjury that this statement
Printed Name of Chairman and Treasurer

of termination pursuant to A.R.S. § 16-914 is true and complete.

_____ _____
Signature of Chairman Signature of Treasurer Date