



GRAHAM COUNTY
CANDIDATE COMMITTEE
TERMINATION STATEMENT

COMMITTEE NAME: _____ COMMITTEE ID# _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (if different) _____ STATE _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

CHAIRPERSON NAME: _____

TREASURER NAME: _____

DECLARATION

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that: (1) the committee will no longer receive any contributions or make any disbursements; (2) the committee either (a) has no outstanding debts or obligations, or (b) has outstanding debts or obligations that are all more than five years old, and the committee's creditors have agreed to discharge the debts and obligations and have agreed to the termination of the committee; (3) any surplus monies have been disposed of and that the committee has no cash on hand; and (4) all contributions and expenditures have been reported, including any disposal of surplus monies.

Chairperson's Signature Date

Treasurer's Signature Date

Candidate's Signature (if applicable) Date