



COCHISE COUNTY
ELECTIONS DEPARTMENT
POLITICAL COMMITTEE TERMINATION STATEMENT
[A.R.S. §§ 16-904, 16-914, 16-915.01]

Date Received:

Candidate ID#:

NAME OF POLITICAL COMMITTEE			
ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP
COMMITTEE E-MAIL	COMMITTEE PHONE	COMMITTEE FAX	
NAME OF CANDIDATE AND OFFICE, OR SPONSORING ORGANIZATION (IF APPLICABLE)			

SELECT THE BOX THAT APPLIES:

- 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.
- This committee hereby terminates all activity within the jurisdiction of **Cochise County** 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.
- This committee has transferred the committee's debts and obligations to a subsequent committee, listed here:

Name of Committee ID#

We, _____, certify under
(Printed names of Chairman and Treasurer)

penalty of perjury that this statement of termination pursuant to A.R.S. §16-914 is true and complete.

Signature of Chairman

Signature of Treasurer