SANTA CRUZ COUNTY
POLITICAL COMMITTEE
TERMINATION STATEMENT

[A.R.S. §§ 16-914, 16-915.01]

FOR OFFICE USE ONLY

1. _____
Full Name of Committee

_____
Address

_____
City Zip Code County Phone #

2. _____
Sponsoring Organization or Candidate and Office email address Fax#

3. ID#

SELECT THE BOXES 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 campaign finance report.

☐ **B.** This committee hereby terminates all activity within the jurisdiction of _____ and asserts that the
(Insert applicable district, town, city, county, or, if out of state committee, State of Arizona)
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
Name of Chairman and Treasurer - Printed
perjury that this statement of termination pursuant to A.R.S. §16-914 is true and complete.

_____ _____
Signature of Chairman Signature of Treasurer