



# MOHAVE COUNTY POLITICAL COMMITTEE TERMINATION STATEMENT

FOR OFFICE USE ONLY

A.R.S. §16-904; A.R.S. §16-914; A.R.S. §16-915-01

1. \_\_\_\_\_  
Full Name of Candidate or Committee

\_\_\_\_\_  
Address

\_\_\_\_\_  
City ZIP code County Phone #

3. ID #

2. \_\_\_\_\_  
Sponsoring Organization or Candidate and Office E-mail address Fax #

### SELECT THE BOXES THAT APPLY:

A.  For a committee registered with a \$500 Threshold Exemption Statement: Did not receive or spend over \$500 during the election cycle. A Committee that fails to file its Termination Statement pursuant to §16-914; § 16-904(F) is terminated by operation of law ninety days after the end of the election cycle for which it was formed and shall pay a civil penalty of one hundred dollars (\$100).

B.  For committees registered with a Statement of Organization: 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 expenditures, that the committee has no outstanding debts or obligations, and that the surplus monies have been disposed of pursuant to A.R.S. §16-915.01.

**Please mark the appropriate statement below:**

The disposition of surplus monies was reported on the campaign finance report filed on \_\_\_\_\_.

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

C.  This is to certify that the political committee indicated above has terminated its activities in Mohave County. The undersigned chairman and treasurer hereby attest that the intent of this political committee is to remain active in other jurisdictions and that all remaining monies shall be used for activity in other jurisdictions (Standing Political Committee).

D.  This committee has transferred the committee's debts and obligations to a subsequent committee as indicated below:

\_\_\_\_\_  
Name of Political Committee ID #

I / We, \_\_\_\_\_, certify under penalty of perjury that this statement of termination pursuant to A.R.S. §16-904; §16-914 is true and correct.

\_\_\_\_\_  
Signature of Chairman

\_\_\_\_\_  
Signature of Treasurer