



MARICOPA COUNTY COMMITTEE TERMINATION STATEMENT

COMMITTEE INFORMATION:			
COMMITTEE NAME		ID#	
ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP
EMAIL ADDRESS	PHONE NUMBER		
WEBSITE (if any)			

CHAIRPERSON NAME

TREASURER NAME

DECLARATION AND SIGNATURES:	
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.	
DATE:	CHAIRPERSON'S SIGNATURE:
DATE:	TREASURER'S SIGNATURE:
DATE:	CANDIDATE'S SIGNATURE (if applicable) :