County of Navajo

Political Committee
Termination Statement

[A.R.S §§ 16-914, 16-915.01, 16-904 (F)(2)]

For Office Use Only

Received

17 DEC 2013 - PM4:19

Navajo County Elections Div.

1. Allen 2012 Supervisor
Full Name of Committee

PO Box 952
Address

Snowflake 85937 Navajo 928 241-3126
City Zip Code County Phone #

2. Supervisor - 3 syallen5@frontiernet.net
Sponsoring Organization or Candidate and Office E-mail Address Fax #

3. ID # 12-026

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 Dec 2012.

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

B. ☐ This committee hereby terminates all activity within the jurisdiction of

_____

(Insert applicable district, town, city, county, or, if out-of-state committee, State of Arizona)

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.

C. ☐ This committee has transferred the committee's debts 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 #* _____

D. ☐ This committee did not exceed its five hundred dollar ($500) threshold limit in the election cycle in which it was formed. (A.R.S. § 16-904 (F)(2))

We, _____,
(Name of Chairman and Treasurer - Printed)

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

Sylvia Allen
Signature of Chairman

Sylvia Allen
Signature of Treasurer