



**County of Navajo**  
**Political Committee**  
**Termination Statement**

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

For Office Use Only

2012 DEC -6 PM 12:47

**1. Citizens to Elect Shawn Taylor**

Full Name of Committee

1650 Quarterhorse Drive

Address

Snowflake                      85937                      Navajo                      9282438615

City

Zip Code

County

Phone #

**2.**

Sponsoring Organization or Candidate and Office

E-mail 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 12/6/12.

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

- B.**  This committee hereby terminates all activity within the jurisdiction of Navajo, State of Arizona

*(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))

**D. Shawn Taylor and Leticia Taylor**

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.

Signature of Chairman

Signature of Treasurer