

CITY / TOWN OF CASA GRANDE
POLITICAL COMMITTEE
TERMINATION STATEMENT

A.R.S. §§ 16-914 and 16-915.01

ID#

MC-15-1

NAME OF POLITICAL COMMITTEE Craig McFarland for Mayor				
ADDRESS (NUMBER & STREET) 152 W. Auburn Sky Ct.		CITY Casa Grande	STATE AZ	ZIP 85122
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) P.O. Box 12927		CITY Casa Grande	STATE AZ	ZIP 85130
COMMITTEE TELEPHONE # 520-251-0687	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS craigmcfarland4mayor@gmail.com		
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE Craig McFarland for Mayor of Casa Grande				
ADDRESS OF SPONSORING ORGANIZATION Same as above			EMAIL ADDRESS AND FAX # Same	
Select the boxes that apply:				
A. <input checked="" type="checkbox"/> 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.				
<input type="checkbox"/> The disposition of surplus monies was submitted on the campaign finance report filed on _____				
<input checked="" type="checkbox"/> The disposition of surplus monies is reported on the attached campaign finance report.				
B. <input type="checkbox"/> This committee has terminated its activities in the above-named jurisdiction. The undersigned chairman and treasurer hereby attest that it is the intent of this committee to remain active in other jurisdictions and that all remaining monies of this committee shall be used in other jurisdictions.				
C. <input type="checkbox"/> 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, Robert Miller
Printed name of Chairman and

Kelly Herrington, certify under
Printed name of Treasurer

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

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Printed name of Chairman and

Kelly Herrington, certify under
Printed name of Treasurer

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

dotloop verified
11/03/16 7:38PM MST
LSYA-BBLG-WVTD-MVVS