

CITY / TOWN OF Glendale CITY CLERK  
 POLITICAL COMMITTEE CITY OF GLENDALE  
 TERMINATION STATEMENT

A.R.S. §§ 16-914 and 16-915.01

ID#  
 2015 NOV 23 PM 4:40  
 14-01

NAME OF POLITICAL COMMITTEE <u>Ocotillo Councilmember</u>			
ADDRESS (NUMBER & STREET) <u>5320 Northview</u>	CITY <u>Glendale</u>	STATE <u>AZ</u>	ZIP <u>85301</u>
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) <u>5320 Northview</u>	CITY <u>Glendale</u>	STATE <u>AZ</u>	ZIP <u>85301</u>
COMMITTEE TELEPHONE # <u>602 677 5902</u>	COMMITTEE FAX # <u>—</u>	COMMITTEE E-MAIL ADDRESS <u>Ocotillo FCM@gmail.com</u>	
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE			
ADDRESS OF SPONSORING ORGANIZATION		EMAIL ADDRESS AND FAX #	

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

B.  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.  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 Ocotillo FCM ID # 14-01

We, Mike Wilson Printed name of Chairman and Michael A Henry Printed name of Treasurer, certify under

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

Mike Wilson  
Signature of Chairman

Michael A Henry  
Signature of Treasurer