



STATE OF ARIZONA
POLITICAL COMMITTEE
TERMINATION STATEMENT

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MAR 04 2009

CITY OF CHANDLER
CITY CLERK

Pursuant to A.R.S. §§ 16-914 and 16-915.01

COMMITTEE ID NUMBER

1221

DATE

02/26/2009

NAME OF POLITICAL COMMITTEE

M & I ARIZONA EMPLOYEES PAC

TYPE OF COMMITTEE

SUPPORT/OPPOSE (CANDIDATE)

COMMITTEE ADDRESS

ONE EAST CAMELBACK RD #200

CITY

PHOENIX

STATE ZIP

AZ 85012

COMMITTEE MAILING ADDRESS (if different from above)

1 E CAMELBACK RD

CITY

PHOENIX

STATE ZIP

AZ 85012

COMMITTEE TELEPHONE #

(602) 241-6500

COMMITTEE FAX #

(602) 241-6551

COMMITTEE EMAIL ADDRESS

DAVID.KOHLMANN@MICORP.COM

NAME OF SPONSORING ORGANIZATION (if applicable)

TYPE OF ORGANIZATION

ADDRESS OF SPONSORING ORGANIZATION

RELATIONSHIP TO POLITICAL COMMITTEE

FOR A CANDIDATE'S CAMPAIGN COMMITTEE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

CANDIDATE'S NAME

OFFICE SOUGHT

SELECT THE BOXES BELOW 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 Feb 26, 2009.
\$500 Threshold Committee certifies that the statement in part A., above is true and complete. (\$500 threshold committees only).

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

Committee ID Number

We, Dennis Jones, Jonathan Butt, certify under penalty of perjury that this statement of termination pursuant to A.R.S. §16-914 is true and complete.

Signature of Chairman

Date 3/2/09

Signature of Treasurer

Date 2/27/09