	1/15/2017	
Date:	1/13/2017	



COMMITTEE ID NUMBER

COMMITTEE INFORMATION:

	Committee name: Elect Nora Ellen
	Mailing address: 901 S. Alma School Rd., Chandler, AZ 85224
- Control of the Cont	Email address: NoraGEllen@yahoo.com
	480.496.7114 Phone number:
	Website: www.ElectNoraEllen.com
	Chairperson name:
	Treasurer: Nora Ellen
DECLARA	ATION AND SIGNATURES:
	I declare under penalty of perjury that the foregoing information is true and correct. I further declare that: (1) the committee will no longer receive any contributions or make any disbursements; (2) the committee either (a) has no outstanding debts or obligations, or (b) has outstanding debts or obligations that are all more than five years old, and the committee's creditors have agreed to discharge the debts and obligations and have agreed to the termination of the committee; (3) any surplus monies have been disposed of and that the committee has no cash on hand; and (4) all contributions and expenditures have been reported, including any disposal of surplus monies.
	Chairperson's signature: Date:
American de la circula de la c	Treasurer's signature: Date:
The state of the s	Candidate's signature (if applicable): Date: