## **RECEIVED**

## CITY / TOWN OF Chandlez POLITICAL COMMITTEE

## POLITICAL COMMITTEE TERMINATION STATEMENT

JAN **3 1** 2014

CITY OF CHANDLER CITY CLERK

A.R.S. §§ 16-914 and 16-915.01

1D# Co9-03

NAME OF POLITICAL COMMITTEE  Kevin Hartke for Council  ADDRESS (NUMBER & STREET)  536 N Apack or Chardles  MAILING ADDRESS (IF DIFFERENT FROM ABOVE)  CITY  STATE ZIP  STATE ZIP						
ADDRESS (NUMBER & STREET)  536 N A packe DC		Chardles		STATE STATE	85224	
		CITY	STATE ZIP			
COMMITTEE TELEPHONE # COMMITTEE FAX # 480 963 7600 NAME OF SPONSORING, ORGANIZATION OR CANDIDATE AND OF			COMMITTEE E-MAIL ADDRESS KEVIN LABORES			
Kevin Hartke Cerncil member						
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: 1/31/19						
The disposition of surplus monies is reported on the attached campaign finance report.						
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: Kevin Ha	othe for Con	mcil			D# <u>C0903</u>	
We, Kevin Harke Printed name of Chairman and		Lynn	rinted name of Trea	surer	,certify under	
penalty of perjury that this statement of term	ination pursuant to A	A.R.S. § 16 <i>-</i> 9	14 is true and co	mplete.		
Signature of Chairman	Signature of Treasurer					