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## STATE OF ARIZONA

## POLITICAL COMMITTEE TERMINATION STATEMENT

A.R.S. § 16-914; A.R.S. § 16-915.01

Re-Elect Tibshraeny for Mayor			1,202
Full Name of Committee			-   IAN 1 1 201
2158 E. Teakwood Place			JAN 1 1 2010
Address			- CITY OF CHANDLER
Chandler	85249 Marico	oa (480) 821-8947	CITY CLERK
City	Zip Code County		
2.			
Sponsoring Organization or Candidate Office	and email address	Fax#	3. ID# M00-01
SELECT THE BOYES THAT ADDI V	· · · · · · · · · · · · · · · · · · ·		
SELECT THE BOXES THAT APPLY:			
V			a bada a 16 a 6 Aba a a a 1845 a a l
A. This is to certify that a	II contributions received a	ind all expenditures made	on benaelt of the political
committee indicated above have political committee will no longer	been reported as required	d by A.R.S. § 16-913. We	turther certify that the
no outstanding debts or obligation	ns and that any surplus r	nonies have been dispose	ed of pursuant to A.R.S. § 16-
915.01.	no, and that any carpias i		
Please mark the appropriate	statement below to indic	ate which campaign finan	ce report states the
disposition of any surplus monies	S.		
• The disposition of	of surplus monies was sul	bmitted on the campaign f	inance report filed on
1/11/10	· .		·
•	of ournius manics is renor	ted on the attached camp	aign finance report
• • The disposition of	or surplus momes is repor	ted on the attached camp	aigii iiianee report.
B. • • This committee hereby	y terminates all activity wi		wittee intende
(Insert applicable district, town, city, county, or, if out-o	f-state committee. State of Arizona)	and asserts that the com	
to remain active in other jurisdicti	ions and that the committ	ee's remaining monies sh	all be used for activity in other
jurisdictions.			
C.	ansferred the committee's	debts and obligations to	a subsequent committee.
Please enter the full name and ID	)# of the committee into w	hi0ch debts and obligation	ns have been transferred
Please effer the full flame and it	of the committee into w	misch debts and obligation	ns have been transferred.
			10.4
Name of Committee			ID#
Jay Tibshraeny		, certify unde	_
(Name of Chairman and Treasurer - Printed)			
nalty of perjury that this statement of	termination pursuant to A	A.R.S. § 16-914 is true and	d complete.
0 111.1.		11/11	
Sul July Valor	U \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	JUM COM	7
Signature of Chairman	// /Sig	gnature of Treasurer	<b>/</b>