

Date: 4-10-18



STATE OF ARIZONA
COMMITTEE TERMINATION
STATEMENT RECEIVED

COMMITTEE ID NUMBER
C17-18

APR 10 2018

COMMITTEE INFORMATION:

CHANDLER CITY CLERK

Committee name: John Repar for Chandler
Mailing address: 4630 S. Danyell Dr Chandler AZ 85249
Email address: _____
Phone number: 480-495-5459
Website: _____
Chairperson name: John Repar
Treasurer: John Repar

DECLARATION 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: [Signature] Date: 4-9-18
Treasurer's signature: [Signature] Date: 4-9-18
Candidate's signature (if applicable): [Signature] Date: 4-9-18