

Date: _____



STATE OF ARIZONA
COMMITTEE TERMINATION
STATEMENT

CLERK RECEIVED

COMMITTEE ID NUMBER
P20-06

2020 SEP 16 PM 1:30

COMMITTEE INFORMATION:

Committee name: Johnny Gunn

Mailing address: 3755 N De Monte Dr

Email address: gunn135@yahoo.com

Phone number: 509 389 4229

Website: _____

Chairperson name: _____

Treasurer: Johnny Gunn

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: 9.15.2020

Treasurer's signature: [Signature] Date: 9.15.2020

Candidate's signature (if applicable): _____ Date: 9.15.2020