

CITY / TOWN OF Camp Verde  
POLITICAL COMMITTEE  
TERMINATION STATEMENT

Date Received 2-1-2016  
Date Accepted \_\_\_\_\_  
Date Rejected \_\_\_\_\_

A.R.S. §§ 16-914 and 16-915.01

ID# PC2015.02

NAME OF POLITICAL COMMITTEE <u>Camp Verde for Good Government</u>			
ADDRESS (NUMBER & STREET) <u>PO Box 324 735 Beaver Dr</u>		CITY <u>Camp Verde</u>	STATE ZIP <u>AZ 86323</u>
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) <u>PO Box 324</u>		CITY <u>Camp Verde</u>	STATE ZIP <u>AZ 86322</u>
COMMITTEE TELEPHONE # <u>928 567 245</u>	COMMITTEE FAX # <u>928 567 2453</u>	COMMITTEE E-MAIL ADDRESS <u>mycvtc@aol.com</u>	
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE <u>N/A</u>			
ADDRESS OF SPONSORING ORGANIZATION <u>N/A</u>		EMAIL ADDRESS AND FAX # <u>mycvtc@aol.com 928 567 2458</u>	

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 \_\_\_\_\_

The disposition of surplus monies is reported on the attached campaign finance report.

B.  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 \_\_\_\_\_ ID # \_\_\_\_\_

We, Cheryl Wischmeyer DEBORAH BARBER, certify under  
Printed name of Chairman and Treasurer Printed name of Treasurer

penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.

Cheryl Wischmeyer  
Signature of Chairman

Deborah Barber  
Signature of Treasurer