



**COCONINO COUNTY
POLITICAL COMMITTEE
TERMINATION STATEMENT**

A.R.S. §§16-904, 16-914 and 16-915.01

ID #

Candidate Committee

Political Committee

NAME OF CANDIDATE/COMMITTEE (For a ballot measure committee, name shall include official petition serial number)			DATE	
Kevin Morrow			12/14/14	
RESIDENCE ADDRESS (Number and Street)		CITY	STATE	ZIP
		Flagstaff	AZ	86001
MAILING ADDRESS (If different from above)		CITY	STATE	ZIP
COMMITTEE TELEPHONE #	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS		
		morrow4FLGJustice@gmail.com		

SELECT THE BOX(ES) THAT APPLY:

A. **For committees registered with a \$500 Threshold Exemption Statement:** This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above did not exceed \$500 for the 2014 election cycle, that the committee will no longer receive any contributions or make any expenditures, that the committee has no outstanding debts or obligations, and that the surplus monies have been disposed of pursuant to ARS §16-915.01.

B. **For committees registered with a Statement of Organization:** 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 ARS §16-913. We further certify that the political committee will no longer receive any contributions or make any expenditures, that the committee has no outstanding debts or obligations, and that the surplus monies have been disposed of pursuant to ARS §16-915.01.

Please mark the appropriate statement below:

- The disposition of surplus monies was reported on the campaign finance report filed on: _____
- The disposition of surplus monies is reported on the **attached** campaign finance report.

C. This is to certify that the political committee indicated above has terminated its activities in **Coconino County**. The undersigned chairman and treasurer hereby attest that the intent of this political committee is to remain active in other jurisdictions and that all remaining monies shall be used for activity in other jurisdictions.

D. This is to certify that the political committee indicated above has transferred the committee's debts and obligations to a subsequent committee as indicated below:

Name of Political Committee

ID Number

\$500 THRESHOLD EXEMPTION COMMITTEES

CANDIDATE – or – POLITICAL COMMITTEE OFFICER'S STATEMENT: I certify under penalty of perjury that this statement of termination pursuant to ARS §16-914 is true and complete.

DATE	PRINTED NAME	SIGNATURE
12/14/14	Kevin Morrow	

STATEMENT OF ORGANIZATION COMMITTEES

CHAIRMAN AND TREASURER'S STATEMENT: I certify under penalty of perjury that this statement of termination pursuant to ARS §16-914 is true and complete.

DATE	PRINTED NAME	SIGNATURE
DATE	PRINTED NAME	SIGNATURE