

STATE OF ARIZONA PINAL COUNTY CANDIDATE POLITICAL COMMITTEE **TERMINATION STATEMENT**

(A.R.S. §§16-914; 16-915.01)

JUN 26 2017 HINAL COUNTY SCHOOL OFFICE

Full Name of Committee 40 86 5				20 10000 LCSS	
Address City Rest State Res		Vote Vac	M	23 (1000) (C3)	
Candidate/Committee and Office E-mail address Fax Number Candidate/Committee and Office E-mail address Fax Number 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 2/2/2017. Report Notwon Noneu. The disposition of Surplus monies is reported on the attached campaign finance report. B. This committee hereby terminates all activity within the jurisdiction of and asserts that the committee intends to remain active in other jurisdictions and that the committee's remaining monies shall be used for activity in other unisdictions. 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 the debts and obligations have been transferred. Name of Committee New York Man Fre J. Aran Raus C., certify under penalty of perjuny that this statement of termination pursuant to A.R.S. §16-914 is true and complete.		Full Name of Committee	1 10/100/02		
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Signature of Chairman	We, Ne. And Rasch, certify under penalty of perjury that this statement of termination pursuant to A.R.S. §16-914 is true and complete.				
Signature of Chairman Signature of Treasurer	Signature of	Chairman	Signature o	of Treasurer	



PINAL COUNTY POLITICAL COMMITTEE NO ACTIVITY STATEMENT

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JUN 26 2017

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3. ID#	 	····			
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1. Vote Yes N	Muricopa		PINAL COUNTY SCHOOL OFFIC
40885 W 1	Brandt Dr		
Address	85138	509-520-1141	3. ID#
City	Zip Code	Phone	2010000165
2. Sponsoring Organization (if applicable)			
Name of Candidate and Office Sought (if ap	oplicable)		Primary Election: August 30, 2016 General Election: November 8, 2016
Email Address		Fax#	, , , , , , , , , , , , , , , , , , ,

4.	REPORTING PERIOD (Please check appropriate box)	DUE BETWEEN
a.	JANUARY 31 REPORT For Period of November 24, 2015 through December 31, 2015	January 1, 2016 and January 31, 2016
ь.	JUNE 30 REPORT Through May 31, 2018	June 1, 2018 and June 30, 2018 7
c.	PRE-PRIMARY ELECTION REPORT For Period of June 1, 2016 through August 18, 2016	August 19, 2016 and August 26, 2016
d.	POST-PRIMARY ELECTION REPORT For Period of August 19, 2016 through September 19, 2016	September 20, 2016 and September 29, 2016
€.	PRE-GENERAL ELECTION REPORT For Period of September 20, 2016 through October 27, 2016	October 28, 2016 and November 4, 2016
f.	POST-GENERAL ELECTION REPORT For Period of October 28, 2016 through November 28, 2016	November 29, 2016 and December 8, 2016

l, Aron Causal (name of treasurer or candidate - printed) political committee received no contributions and m	, upon my oath and under penalty of perjury, say that this nade no expenditures for the period indicated above, and
	to A.R.S. §16-913 (D) and this statement, pursuant to
A.R.S. §16-913(E) is true and complete.	
Date	Signature of Candidate or Treasurer