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OCT 31 2016

## CITY OF SEDONA CITY CLERK'S OFFICE

## CITY / TOWN OF Sedona POLITICAL COMMITTEE TERMINATION STATEMENT

A.R.S. §§ 16-914 and 16-915.01

C42016 - 04

NAME OF POLITICAL COMMITTEE John Martinez for City council					
ADDRESS (NUMBER & STREET)		CITY			
305 Calle Del Norte		Sedona		STATE	ZIP 86336
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY		STATE	ZIP
COMMITTEE TELEPHONE # COMMITTEE FAX #		COMMITTEE E-MAIL ADDRESS			
NAME OF SPONSORING ORGANIZATION	EICE				
THE TO STOCK THE WIND WIND WIND WIND DATE AND OFFICE					
ADDRESS OF SPONSORING ORGANIZATION		EMAIL ADDRESS AND FAX #			
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 configurations of make any dispursements, that the committee has no outstanding dobte 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					
▼ Iteasurer nereby aπest 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.					
as a subsequent committee.					
Please enter the full name and ID# of the committee into which debts and obligations have been transferred.					
Name of Committee					
<del> </del>				"	)# ————
We John Martinez					
Printed name of Chairman and Printed name of Treasurer					
penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.					
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John Mastr		( a	(H// ) .X	all	her_
Signature of Chairman			Signature	of Treas	urer