City of Phoenix

# POLITICAL COMMITTEE
# NO ACTIVITY STATEMENT

| 1. Full Name of Committee | | | | |
|---|---|---|---|---|
| Address | | | | |
| City | State | Zip Code | Phone Number | E-mail Address |
| 2. Sponsoring Organization or Candidate and Office | | | | 3. CITY OF PHOENIX ID # |

4. Pursuant to A.R.S. § 16-914, a political committee may terminate "only when the committee chairman and treasurer file a written statement with the officer with whom the committee's statement of organization is filed certifying under penalty of perjury that…any surplus monies have been disposed of pursuant to section 16-915.01 together with a statement of the manner of disposition of the surplus, the name and address of each recipient of surplus monies and the date and amount of each disposition of surplus monies."

**REPORTING PERIOD** (Please check appropriate box)

**FILING PERIOD**

☐ **FINAL REPORT**

_____ thru _____

(Beginning date of report) (Ending date of report)

To be filed with Termination Statement

This is to certify that the political committee received no contributions and made no expenditures for the period indicated above, and therefore may file a No Activity Statement pursuant to A.R.S. § 16-913.

I, _____ certify under penalty of perjury, that this No Activity
(Printed Name of Treasurer or Candidate)

Statement is complete, true and correct.

_____
Signature of Treasurer or Candidate