

Date: _____



STATE OF ARIZONA COMMITTEE TERMINATION STATEMENT

COMMITTEE ID NUMBER

COMMITTEE INFORMATION:

Committee name: Craig Mount for Mayor
Mailing address: 1910 Knowlton Street
Email address: craig.mount17@gmail.com
Phone number: 832-492-6753
Website: _____
Chairperson name: Craig Mount
Treasurer: Craig Mount

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that: (1) the committee will no longer receive any contributions or make any disbursements; (2) the committee either (a) has no outstanding debts or obligations, or (b) has outstanding debts or obligations that are all more than five years old, and the committee's creditors have agreed to discharge the debts and obligations and have agreed to the termination of the committee; (3) any surplus monies have been disposed of and that the committee has no cash on hand; and (4) all contributions and expenditures have been reported, including any disposal of surplus monies.

Chairperson's signature: Craig Mount Date: 31 Dec 2018
Treasurer's signature: Craig Mount Date: 31 Dec 2018
Candidate's signature (if applicable): Craig Mount Date: 31 Dec 2018
