

Date: 11/22/16



STATE OF ARIZONA
COMMITTEE TERMINATION
STATEMENT

COMMITTEE ID NUMBER

16-08

COMMITTEE INFORMATION:

Committee name: NORMAN SIMPSON FOR QUARTZSITE MAYOR
Mailing address: P.O. BOX 710, QUARTZSITE, AZ, 85346
Email address: M+N.quail@yahoo.com
Phone number: 928-575-6708
Website: _____
Chairperson name: NORMAN SIMPSON
Treasurer: NORMAN SIMPSON

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: Norman K. Simpson Date: 11/22/16
Treasurer's signature: Same Date: _____
Candidate's signature (if applicable): Same Date: _____