

**POLITICAL COMMITTEE
\$500 THRESHOLD EXEMPTION STATEMENT
(REGISTRATION OR TERMINATION)**

RECEIVED

APR 21 2016

CITY OF TOLLESON

CLERK'S OFFICE
COMMITTEE ID #

*4:44 PM
CZ*

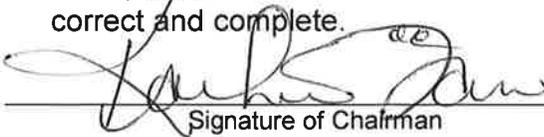
Election Cycle (year) FALL 2016		Election Cycle Dates * thru 11/28/2016			COMMITTEE ID #
Name of Committee Kathleen Farr					
Address 708 N 95th Drive					
City Tolleson	State AZ	Zip Code 85353	Phone Number 623-738-7270	E-Mail Address Kathie.farr@yahoo.com	
Chairman Name Kathie Farr		Chairman Phone Number 623-738-7270		Chairman E-Mail Address Kathie.farr@yahoo.com	
Treasurer Name		Treasurer Phone Number		Treasurer E-Mail Address	
<input checked="" type="checkbox"/> Candidate Committee or Exploratory Committee		Name of Candidate Kathie Farr		Office Sought Tolleson City Council	
<input type="checkbox"/> Other Political Committee		Committee Type			

COMMITTEE REGISTRATION

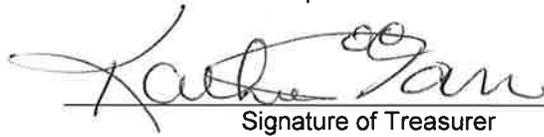
Date: 4-20-2016

The above named committee hereby asserts the following:

- The committee has heretofore neither accepted any contributions nor made any expenditures.
- The committee intends to receive or expend less than \$500.
- The committee will file a Statement of Organization within five business days after expending or receiving monies over the \$500 limit pursuant to A.R.S. §§ 16-902.01 and 16-903(A).
- We, the undersigned, have read all of the applicable laws relating to campaign finance and reporting pursuant to A.R.S. §16-902.01(B)(6) and certify, to the best of our knowledge and belief, that the information contained in this \$500 Threshold Exemption Statement is true, correct and complete.



Signature of Chairman



Signature of Treasurer

COMMITTEE TERMINATION

Date: _____

This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above did not exceed \$500 for the named election cycle, that the 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. (Deadline to file termination 2/27/2017).

Signature of Chairman

Signature of Treasurer

*Beginning of election cycle is 21 days after your last election.

CITY / TOWN OF TOLLESON
 POLITICAL COMMITTEE
 TERMINATION STATEMENT

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12:15pm
MS

A.R.S. §§ 16-914 and 16-915.01

ID#
NOV 15 2016
 CITY OF TOLLESON
 CLERK'S OFFICE

NAME OF POLITICAL COMMITTEE <u>Re Elect Kathie Farr</u>			
ADDRESS (NUMBER & STREET) <u>708 N 95th Dr</u>	CITY <u>Tolleson</u>	STATE <u>AZ</u>	ZIP <u>85353</u>
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) <u>SAME</u>		CITY	STATE ZIP
COMMITTEE TELEPHONE # <u>623-738-7270</u>	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS <u>Kathie.farr@yahoo.com</u>	
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE <u>Kathie Farr</u>			
ADDRESS OF SPONSORING ORGANIZATION <u>SAME</u>		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 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 _____
- 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 treasurer hereby attest 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.

Please enter the full name and ID# of the committee into which debts and obligations have been transferred.

Name of Committee _____ ID # _____

Re Elect Kathie Farr
 Printed name of Chairman and

SAME, certify under
 Printed name of Treasurer

penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.

Kathie Farr
 Signature of Chairman

[Signature]
 Signature of Treasurer