Date: _____

STATE OF ARIZONA
COMMITTEE TERMINATION
STATEMENT

HB2874 – THIS FORM IS NOT VALID AFTER 12/31/26

COMMITTEE ID NUMBER

COMMITTEE INFORMATION:

Committee's Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Chairperson's Name: _____

Treasurer's Name: _____

DECLARATION AND CERTIFICATION:

I declare under penalty of perjury that the foregoing information is true and correct. I further certify, as the committee treasurer, that one of the following applies:

☐ The committee received no contributions.

☐ The committee received contributions, and all the following apply:

1. The committee will no longer receive any contributions or make any disbursements;
2. The committee either (a) has no outstanding debts, obligations or void penalties pursuant to A.R.S. § 16-937(B)(1), or (b) has outstanding debts or obligations, or both, 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.

Certification Regarding Untimely Reports (A.R.S. §16-937)
☐ The committee certifies that it received no contributions and made no expenditures during the following reporting period(s): _____. The committee understands that, if applicable, penalties may not be assessed and any accrued penalties are void pursuant to A.R.S. § 16-937(B)(1). The committee is filing a termination statement on or before December 31, 2026.

After this termination statement is filed and accepted, the committee is not required to file subsequent campaign finance reports and may not have further receipts or disbursements without filing a new Statement of Organization, as provided by A.R.S. § 16-934.

SIGNATURES:

Chairperson's Signature: _____ Date: _____

Treasurer's Signature: _____ Date: _____

Candidate's Signature (if applicable): _____ Date: _____