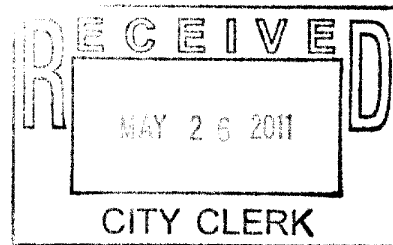




STATE OF ARIZONA
POLITICAL COMMITTEE
TERMINATION STATEMENT

A.R.S. § 16-914; A.R.S. § 16-915.01

FOR OFFICE USE ONLY



1. Committee in Support, Refuse
Full Name of Committee Annexation
3698 Winifrad Way
Address
LHC AR 86404 928
City Zip Code County Phone # 764-3698

2. Sponsoring Organization or Candidate and Office email address Fax #

3. ID #
LHC 10-001-REF

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. *Committee never received any contributions or made any expenditures*

- 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 hereby terminates all activity within the jurisdiction of _____ and asserts that the committee intends to remain active in other jurisdictions and that the committee's remaining monies shall be used for activity 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#

We, Judy Kelly, certify under penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.

Judy Kelly Signature of Chairman
Judy Kelly Signature of Treasurer