YUMA COUNTY
POLITICAL COMMITTEE
TERMINATION STATEMENT

A.R.S. §16-914; A.R.S. §16-915.01

FOR OFFICE USE ONLY

DEC 19 2012 PM 12:20

1. J. Lynn O'Connor
Full Name of Committee

Address

Yuma, Az 85364 Yuma,
City ZIP Code County Phone Number

2. J Lynn O'Connor Hospital District Board
Sponsoring Organization or Candidate and Office e-mail address Fax Number

3. ID# 2012-21

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 any surplus monies was submitted on campaign finance report filed on _____.

☐ The disposition of any 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
(Insert applicable district town, city, county or if out-of-state committee, State of Arizona)
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#

D. ☒ **$500 Threshold Exemption Termination**

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

We/I, J. Lynn O'Connor, certify under penalty of perjury
(Name of Chairman and Treasurer – Printed)
that this statement of termination pursuant to A.R.S. §16-914 is true and complete.

J. Lynn O'Connor
Signature of Chairman

_____
Signature of Treasurer