APR 25 2017 PM 1:41

Date: _____

# STATE OF ARIZONA COMMITTEE TERMINATION STATEMENT

COMMITTEE ID NUMBER

COMMITTEE INFORMATION:

Committee name: Rafael Torres PA

Mailing address: P.O. Box 7302

Email address: rafa_torres72@msn.com

Phone number: 928-920-5399

Website: _____

Chairperson name: Rafael Torres

Treasurer: Gloria Torres

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: _____ Date: _____

Treasurer's signature: _____ Date: _____

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