

RECEIVED 11:47am
 JUN 28 2016
 TOWN CLERK
 TOWN OF PAYSON

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

Election Cycle (year) FALL 2016		Election Cycle Dates * thru 11/28/2016		COMMITTEE ID # 16-C-07	
Name of Committee Tracy Fitzpatrick					
Address 203 N. Heritage Ln					
City Payson	State AZ	Zip Code 85541	Phone Number 808.344.4272	E-Mail Address tracy73321@maricopa.edu	
Chairman Name Tracy Fitzpatrick		Chairman Phone Number 808 344 4272		Chairman E-Mail Address tracy73321@maricopa.edu	
Treasurer Name Tracy Fitzpatrick		Treasurer Phone Number 808 344 4272		Treasurer E-Mail Address tracy73321@maricopa.edu	
<input type="checkbox"/> Candidate Committee or Exploratory Committee	Name of Candidate Tracy Fitzpatrick			Office Sought Town Council	
<input type="checkbox"/> Other Political Committee	Committee Type				

COMMITTEE REGISTRATION

Date: _____

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.

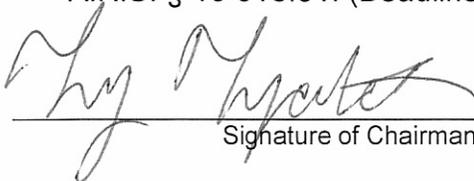
Signature of Chairman

Signature of Treasurer

COMMITTEE TERMINATION

Date: 6-28-14

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 Payson
POLITICAL COMMITTEE
TERMINATION STATEMENT

A.R.S. §§ 16-914 and 16-915.01

ID# 16-C-07

NAME OF POLITICAL COMMITTEE <u>Tracy Fitzpatrick</u>			
ADDRESS (NUMBER & STREET) <u>203 N. Heritage</u>	CITY <u>Payson</u>	STATE <u>AZ</u>	ZIP <u>85541</u>
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP
COMMITTEE TELEPHONE # <u>808 344 4272</u>	COMMITTEE FAX # <u>—</u>	COMMITTEE E-MAIL ADDRESS <u>tracy73321@Maricopa.edu</u>	
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE <u>Tracy Fitzpatrick</u>			
ADDRESS OF SPONSORING ORGANIZATION <u>203 N. Heritage Ln.</u>		EMAIL ADDRESS AND FAX # <u>tracy73321@Maricopa.edu</u>	

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: Tracy Fitzpatrick ID # _____

We, Tracy Fitzpatrick Tracy Fitzpatrick, certify under
Printed name of Chairman and Printed name of Treasurer

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

[Signature]
 Signature of Chairman

[Signature]
 Signature of Treasurer

June 28, 2016

To whom this may concern:

My name is Tracy Fitzpatrick and I would like to suspend my campaign for Town Council for the year of 2016. I thank you for your time and help.

Sincerely,



Tracy Fitzpatrick

RECEIVED

JUN 28 2016

TOWN CLERK
TOWN OF PAYSON

12 05
pm