

RECEIVED

MAR 31 2014

TOWN CLERK
TOWN OF PAYSON

CITY / TOWN OF _____

POLITICAL COMMITTEE

STATEMENT OF ORGANIZATION

Titles 16 & 19 Arizona Revised Statutes

Definitions, statutory references and important information on reverse.

- Initial Registration
- Out of State Committee
- Amended Statement

ID#
14-C-01

NAME OF POLITICAL COMMITTEE DALE KASL TOWN COUNCIL CANDIDATE	DATE 03-28-14
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ADDRESS (NUMBER & STREET) 317 W CORRAL DRING	CITY PAYSON	STATE AZ	ZIP 85541
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MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
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COMMITTEE TELEPHONE # 928-472-9465	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS KASLDALE200@GMAIL.COM
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DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? YES NO
If yes, please provide the following information:

NAME OF SPONSORING ORGANIZATION	TYPE OF ORGANIZATION
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ADDRESS OF SPONSORING ORGANIZATION	RELATIONSHIP TO POLITICAL COMMITTEE
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TYPE OF POLITICAL COMMITTEE - Please check only one box:

- CANDIDATE'S CAMPAIGN COMMITTEE (primary or general)
- SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION
- COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT MEASURE
Petition Serial Number _____ Support Oppose
- COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL ELECTION
- POLITICAL PARTY see A.R.S. §§ 16-801, 16-804, 16-821 and 16-825
- COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES
- COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES
- POLITICAL ORGANIZATION (see A.R.S. § 16-823)
- EXPLORATORY COMMITTEE
- OTHER TYPE OF COMMITTEE (please describe)

CHECK HERE IF REGISTERED WITH THE SECRETARY OF STATE AS A STANDING POLITICAL COMMITTEE PURSUANT TO A.R.S. § 16-902.01. (You must provide a copy of the statement of organization filed with the Secretary of State designating standing committee status)

EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. §16-902(A).

NAME OF COMMITTEE CHAIRMAN DALE R KASL	CHAIRMAN'S TELEPHONE # 928 472-9465	CHAIRMAN'S FAX #
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CHAIRMAN'S ADDRESS 317 W CORRAL DRING	CITY PAYSON	STATE ARIZONA	ZIP 85541
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CHAIRMAN'S OCCUPATION RETIRED	CHAIRMAN'S EMPLOYER NONE	CHAIRMAN'S E-MAIL ADDRESS NONE
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NAME OF COMMITTEE TREASURER DALE R KASL	TREASURER'S TELEPHONE # 928.472.9465	TREASURER'S FAX #
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TREASURER'S ADDRESS 317 W CORRAL DRING	CITY PAYSON	STATE ARIZONA	ZIP 85541
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TREASURER'S OCCUPATION RETIRED	TREASURER'S EMPLOYER NONE	TREASURER'S E-MAIL ADDRESS NONE
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INTEROFFICE MEMORANDUM

TO: SILVIA SMITH, TOWN CLERK
FROM: TRACIE BAILEY, DEPUTY TOWN CLERK
SUBJECT: CANDIDATE KASL
DATE: APRIL 21, 2014

Candidate Dale Kasl came in today and said he is withdrawing from the candidate race. He said that he just wanted to see some competition for the incumbents and now that a new team is running he does not feel he needs to run. He gave me all of his packet material.



RECEIVED

APR 22 2014

TOWN OF PAYSON

CITY / TOWN OF Payson
POLITICAL COMMITTEE
TERMINATION STATEMENT

A.R.S. §§ 16-914 and 16-915.01

ID# 14-C-01

NAME OF POLITICAL COMMITTEE <u>DALE KASL, TOWN COUNCIL CANDIDATE</u>			
ADDRESS (NUMBER & STREET) <u>317 W CORRAL DR</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>938 450-9425</u>	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS <u>KASL D A L G 7 0 @ G M A I L . C O M</u>	
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE <u>DALE KASL</u>			
ADDRESS OF SPONSORING ORGANIZATION <u>317 W. CORRAL DR</u>		EMAIL ADDRESS AND FAX # <u>KASL D A L G 7 0 @ G M A I L . C O M</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.
DID NOT SPEND ANY MONEY

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: DALE R KASL TOWN COUNCIL CANDIDATE ID# 14-C-01

We, DALE R KASL Printed name of Chairman and DALE R KASL Printed name of Treasurer, certify under

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

Dale R Kasl
Signature of Chairman

Dale R Kasl
Signature of Treasurer