

CITY / TOWN OF Prescott

FILED WITH
CITY CLERK

POLITICAL COMMITTEE
TERMINATION STATEMENT

Date 11-17-15 Hr. 2:44 P M

Sign. [Signature]
ID# _____

A.R.S. §§ 16-914 and 16-915.01

2015-03/PC

NAME OF POLITICAL COMMITTEE Committee to Elect Billie Orr for Prescott Council			
ADDRESS (NUMBER & STREET) 1401 Claiborne Circle	CITY Prescott	STATE AZ	ZIP 863p1
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP
COMMITTEE TELEPHONE # 928-227-7477	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS billieorr@aol.com	
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE			
ADDRESS OF SPONSORING ORGANIZATION		EMAIL ADDRESS AND FAX #	

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 _____ ID # _____

We, Billie Orr
Printed name of Chairman and

Malcolm Barrett
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.

[Signature]
Signature of Chairman

[Signature]
Signature of Treasurer

[Signature]
Candidate

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID# 2015-03/PC	
<input type="checkbox"/>	Primary
<input checked="" type="checkbox"/>	General

1. Committee Name Committee to Elect Billie Orr to Prescott Council

3. Report covering period from 9/15/2015 thru 10/22/2015

4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		
4a.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID# Prescott Chamber of Commerce Foundation 117 W Goodwin St Prescott AZ 86303</p> <p>DESCRIPTION Donation</p>	10/21/2015	689.62
4b.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION</p>		
4c.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION</p>		
4d.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION</p>		
4e.	<p>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</p> <p>DESCRIPTION</p>		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]			689.62