

**POLITICAL ACTION COMMITTEE (PAC)
NOTICE OF TERMINATION**

To be filed with:
John Thurston, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

For assistance in completing
this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600

1. NAME OF COMMITTEE (IN FULL): _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
2. DATE COMMITTEE CEASED TO EXIST: _____
3. CONTRIBUTIONS AND EXPENDITURES:

NO ACTIVITY TO BE REPORTED (Check if PAC has already reported all financial activity during the period its registration was in effect; file this page only)

REMAINING ACTIVITY DISCLOSED ON ATTACHED REPORT (Check if PAC has financial activity which has not already been reported; attach report disclosing all unreported financial activity during period PAC's registration was in effect)

Affidavit

I certify under oath that the above information is true and correct. In addition, I certify that the committee shall maintain for a period of four (4) years records evidencing (1) the name, address, and place of employment of each person who contributed to the above-named committee, along with the amount contributed and (2) the name and address of each candidate or committee which received a contribution from the above-named committee, along with the amount contributed.

Signature of Committee Officer

State of Arkansas)
) ss.
County of _____)

Subscribed and sworn before me this _____ day of _____, 20_____.

Signature of Notary Public

My Commission Expires: _____