

# COUNTY POLITICAL PARTY COMMITTEE 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 the committee 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 the committee has financial activity which has not already been reported; attach report disclosing all unreported financial activity during period the committee'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: \_\_\_\_\_