



STATE OF ARIZONA  
POLITICAL COMMITTEE  
TERMINATION STATEMENT

Repealed by A.R.S. §§ 17-2114 and 17-2115.01

COMMITTEE ID NUMBER  
**201800014**

NAME OF POLITICAL COMMITTEE STON MOUNTAIN TRADERS COMMUNITY ORGANIZATION LLC		DATE 04/27/2017	
TYPE OF COMMITTEE POLITICAL ACTION COMMITTEE			
COMMITTEE WEBSITE PMB0187, 2114 W. APACHE TRAIL		CITY APACHE JUNCTION	STATE ZIP AZ 85120
COMMITTEE MAILING ADDRESS (if different from above) PMB0187, 2114 W. APACHE TRAIL		CITY APACHE JUNCTION	STATE ZIP AZ 85120
COMMITTEE TELEPHONE # 19021 316-8090	COMMITTEE FAX #	COMMITTEE EMAIL ADDRESS TAMBERT@AMTRCANCHEFF.ORG	
NAME OF SPONSORING OR AFFILIATION of applicant		TYPE OF ORGANIZATION	
ADDRESS OF SPONSORING ORGANIZATION		RELATIONSHIP TO POLITICAL COMMITTEE	
FOR A CANDIDATE'S CAMPAIGN COMMITTEE, PLEASE PROVIDE THE FOLLOWING INFORMATION			
CANDIDATE'S NAME		OFFICE SOUGHT	
SELECT THE BOXES BELOW THAT APPLY:			
<input checked="" type="checkbox"/> <b>A</b> This is to notify 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. § 17-2113. 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. § 16-913.01. Please check the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies: <input type="checkbox"/> The disposition of surplus monies was submitted to the campaign finance report part filed on <u>4-27-17</u> <input type="checkbox"/> ARA/Threshold Committee notified from the statement in part A above in oral and computer (CAND) threshold committee only.			
<input type="checkbox"/> <b>B</b> This committee hereby certifies all activity within the jurisdiction of _____ and asserts that the committee intends to remain active in other jurisdictions and that the committee's remaining monies shall be used for activity in other jurisdictions.			
<input type="checkbox"/> <b>C</b> This committee has transferred the committee's debt and obligations to a subsequent committee. Please enter the full name and title of the committee and when debts and obligations have been transferred: Name of committee _____ Committee ID Number _____			

We, DIANE BURNS AND TIM SIEG certify under penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.  
(Printed Name of Chairman and Treasurer)

Diane Burns 5/6/17  
Signature of Chairman Date

Tim Sieg 4-27-17  
Signature of Treasurer Date

Office Revision: 02/07

CITY OF APACHE JUNCTION

2017 MAY 10 PM 3:58

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