



# Statement of Dissolution

## FOR ELECTED OFFICIALS, CANDIDATES AND POLITICAL ACTION COMMITTEES

Please Print in Ink or Type.

Name of Candidate or Elected Official, or Political Committee			
Office Sought or Held (include district or circuit number, if applicable)			
Address <input type="checkbox"/> Check box if reporting new address			
City	State	ZIP Code	Telephone Number

Report Status (check one)

- No report required because I have had no activity since the last reporting period
- Termination report attached

**Note:**

If you have had activity since the last report filed, you are responsible for filing the requisite **Annual Report** covering the last year of activity. However, the submission of a **Termination Report** along with the **Statement of Dissolution** will satisfy this requirement.

This statement dissolves the above-named Principal Campaign Committee or Political Action Committee as of the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Pursuant to §17-5-7(a) [Code of Alabama, 1975], any excess funds shall be disposed of in the following manner:

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As required by the Alabama Fair Campaign Practices Act, I hereby swear, or affirm, to the best of my knowledge and belief that this Statement of Dissolution is true and correct.

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Signature of Candidate or Elected Official, or Chairperson or Treasurer of Political Committee	Date