MISSING IT PHIZ: 20
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## **Certification to Close Committee**

Committee Name:	
Treasurer Name:	
Treasurer Address:	
(include city, state, & zip)	
Treasurer Phone:	
I certify that the above men	tioned Committee intends to close and cease existence. Upon signing this
contributions will be accep signed. If the Committee a	all funds have been distributed and reported (if required). In addition, no ted or disbursements made after the "Final Report" is filed or this form is any future time intends to accept or spend funds in support or opposition of e, a new political committee must be formed and registered with the Board of
contributions will be accept signed. If the Committee a any candidate or ballot issue Elections before such activities that have filed "Final Report" will be required.	all funds have been distributed and reported (if required). In addition, no ted or disbursements made after the "Final Report" is filed or this form is any future time intends to accept or spend funds in support or opposition of e, a new political committee must be formed and registered with the Board of tites may commence.  under the \$3,000 threshold will only be required to sign this Certification. No ired for committees meeting this criterion. Any Committee that did not file must submit a "Final Report" with this Certification. This report must have a