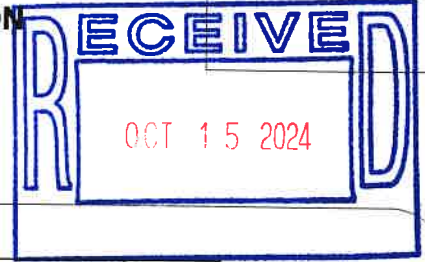


Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE TERMINATION  
STATEMENT

COMMITTEE ID NUMBER



COMMITTEE INFORMATION:

Committee name: \_\_\_\_\_  
Mailing address: 45388 W. Desert Garden Rd Maricopa, AZ 85139  
Email address: amberdieme@msn.com  
Phone number: 602 574-5803  
Website: —  
Chairperson name: Amber Liernan  
Treasurer: Amber Liernan

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that: (1) the committee will no longer receive any contributions or make any disbursements; (2) the committee either (a) has no outstanding debts or obligations, or (b) has outstanding debts or obligations that are all more than five years old, and the committee's creditors have agreed to discharge the debts and obligations and have agreed to the termination of the committee; (3) any surplus monies have been disposed of and that the committee has no cash on hand; and (4) all contributions and expenditures have been reported, including any disposal of surplus monies.

Chairperson's signature: Amber Liernan Date: 10/14/24  
Treasurer's signature: Amber Liernan Date: 10/14/24  
Candidate's signature (if applicable): Amber Liernan Date: 10/14/24