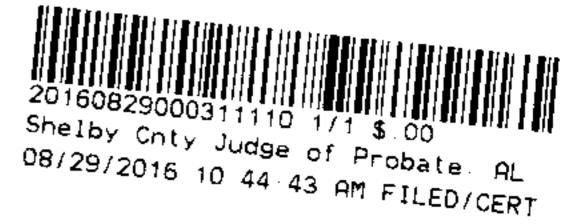


Statement of Dissolution

FOR ELECTED OFFICIALS, CANDIDATES AND POLITICAL ACTION COMMITTEES



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Please Print in Ink or Type.	Report Status (check one)
Name of Candidate or Elected Official, or Political Committee	No report required because I have had no activity since the last reporting period
Office Sought or Held (include district or circuit number, if applicable)	Termination report attached
Address Check box if reporting new address	Note:  If you have had activity since the last report
2225 Old Caraba, Place,	filed, you are responsible for filing the requisite Annual Report covering the last
State ZIP Code Telephone Number ZSO80	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 Com	mittee or Political Action Committee as of
Dath and	n the year _QQL_o .
	ir the year <u>word</u> .
Pursuant to §17-5-7(a) [Code of Alabama, 1975], any excess funds simanner:	hall be disposed of in the following
\$500 loan repayment	
Remaining balance to the	
Helena Library Found	coto an
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· · · · · · · · · · · · · · · · · · ·	<u> </u>
As required by the Alabama Fair Campaign Practices Act, I hereby sw knowledge and belief that this Statement of Dissolution is true and con	rear, or affirm, to the best of my
The wind belief that this Statement of Dissolution is true and col	rect.
WII 1 a. S.	woll 18/as/ada
Signature of Candidate or Elected Office Treasurer of Political Committee	ial, or chairperson or Date