



Statement of Dissolution

FOR ELECTED OFFICIALS, CANDIDATES AND POLITICAL ACTION COMMITTEES

Please Print in Ink or Type.	Report Status (check one)
Name of Candidate or Elected Official, or Political Committee ACL GALLY WATS Office Sought or Held (Include district or circuit number, if applicable) CITY OMCI Address Theck box if reporting new address City State ZIP Code Telephone Number Called Address Telephone Number	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 <u>Principal Campaign Committee</u> or <u>Political Action Committee</u> as of the <u>September</u> day of <u>21</u> in the year <u>2020</u> . Pursuant to §17-5-7(a) [Code of Alabama, 1975], any excess funds shall be disposed of in the following manner:	
no excess tands	<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	ear, or affirm, to the best of my rect. Allowed

Signature of Candidate or Elected Official, or Chairperson or

Treasurer of Political Committee

FORM REVISED 9.2.2011

Date/