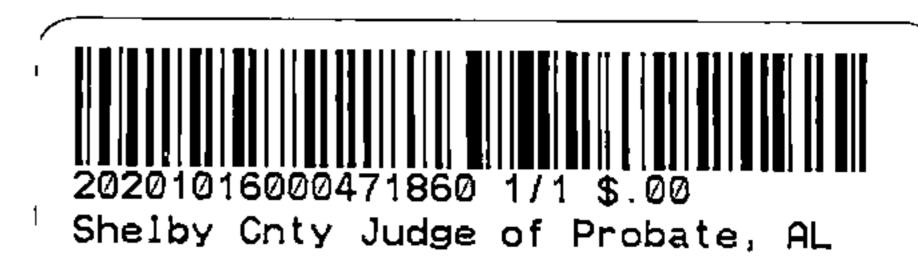
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10/16/2020 11:20:15 AM FILED/CERT

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 Office Sought or Held (include district or circuit number, if applicable)	No report required because I have had no activity since the last reporting period Termination report attached
Address Check box if reporting new address The sought of Held (include district or circuit number, if applicable) Address Check box if reporting new address The sought of Held (include district or circuit number, if applicable) Address Check box if reporting new address	Note: If you have had activity since the last report filed, you are responsible for filing the requisite Annual Report covering the last
City State ZIP Code Telephone Number Monthevallo A/ 35/15	year of activity. However, the submission of a ermination Report along with the Statement of Dissolution will satisfy this requirement.
This statement dissolves the above-named Principal Campaign Commi	
the $\sqrt{6^{+}}$ day of $0c+$. 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:	
	· · · · · · · · · · · · · · · · · · ·
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.	
Signature of Candidate or Elected Official	al, or Chairperson or Date

Treasurer of Political Committee

FORM REVISED 9.2.2011