

NO ACTIVITY REPORT

POLITICAL COMMITTEE

CITY/TOWN OF FLAGSTAFF, ARIZONA

CAMPAIGN FINANCE REPORT

2014 August/November Regular Election

1. RHETT FOR COUNCIL
Full Name of Committee

101 SPARK
Address

FLAGSTAFF 86001
City ZIP Code County Phone

2. _____
Sponsoring Organization or Candidate and office

_____ Name of Candidate and Office Sought (if applicable)

_____ E-Mail Address Fax #

FOR OFFICE USE ONLY

RECEIVED
 OCT 01 2014
 BY: SS

Pd #30 late penalty

3A. ID#
CC2014-06

4. REPORTING PERIOD (Please check appropriate box)	DUE BETWEEN
<input type="checkbox"/> JANUARY 31	11/27/12 thru 12/31/13.....01/01/14 and 01/31/14
<input type="checkbox"/> PRE-SPECIAL	01/01/14 thru 05/08/14.....05/09/14 and 05/16/14
<input type="checkbox"/> POST-SPECIAL	05/09/14 thru 06/09/14.....06/10/14 and 06/19/14
<input type="checkbox"/> PRE-PRIMARY	06/10/14 thru 08/14/14.....08/15/14 and 08/22/14
<input checked="" type="checkbox"/> POST-PRIMARY	08/15/14 thru 09/15/14.....09/16/14 and 09/25/14
<input type="checkbox"/> PRE-GENERAL	09/16/14 thru 10/23/14.....10/24/14 and 10/31/14
<input type="checkbox"/> POST-GENERAL	10/24/14 thru 11/24/14.....11/25/14 and 12/04/14

I, RHETT PERE, upon my oath and under penalty of perjury, say that this political committee
(name of treasurer or candidate- printed)
 received no contributions and made no expenditures for the period indicated above, and therefore is filing a No Activity
 Statement pursuant to A.R.S. §16-913 (D), and this statement, pursuant to A.R.S. §16-913 (E) is true and complete.

10/1/2014
 Date

[Signature]
 Signature of Candidate or Treasurer

CITY / TOWN OF FLAGSTAFF
POLITICAL COMMITTEE
TERMINATION STATEMENT

RECEIVED
 OCT 01 2014
 BY: SS

A.R.S. §§ 16-914 and 16-915.01

ID# CC2014-06

NAME OF POLITICAL COMMITTEE <u>RHETT PEPE FOR COUNCIL</u>			
ADDRESS (NUMBER & STREET) <u>101 S PARK #4</u>	CITY <u>FLAGSTAFF</u>	STATE <u>AZ</u>	ZIP <u>86001</u>
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP
COMMITTEE TELEPHONE # <u>929 523 5539</u>	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS	
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE			
ADDRESS OF SPONSORING ORGANIZATION	EMAIL ADDRESS AND FAX # <u>RHETT.PEPE@NAU.EDU</u>		

Select the boxes that apply:

A. This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above have been reported as required by A.R.S. § 16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. § 16-915.01.

Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies.

The disposition of surplus monies was submitted on the campaign finance report filed on: _____

The disposition of surplus monies is reported on the attached campaign finance report.

B. This committee has terminated its activities in the above-named jurisdiction. The undersigned chairman and treasurer hereby attest that it is the intent of this committee to remain active in other jurisdictions and that all remaining monies of this committee shall be used in other jurisdictions.

C. This committee has transferred the committee's debts and obligations to a subsequent committee.

Please enter the full name and ID# of the committee into which debts and obligations have been transferred.

Name of Committee: RHETT FOR COUNCIL ID # _____

We, RHETT PEPE Printed name of Chairman and RHETT PEPE Printed name of Treasurer, certify under penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.

[Signature] Signature of Chairman [Signature] Signature of Treasurer