

RECEIVED

MAR 30 2015

TOWN OF CAVE CREEK

CITY / TOWN OF Cave Creek  
POLITICAL COMMITTEE  
TERMINATION STATEMENT

A.R.S. §§ 16-914 and 16-915.01

ID#

PAC 2013-06

NAME OF POLITICAL COMMITTEE <u>Cave Creek Caring Citizens</u>				
ADDRESS (NUMBER & STREET) <u>5703 E Canyon Ridge N. Dr.</u>		CITY <u>Cave Creek</u>	STATE <u>AZ</u>	ZIP <u>85331</u>
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP
COMMITTEE TELEPHONE # <u>(480) 236-9335</u>	COMMITTEE FAX # <u>480-595-9032</u>	COMMITTEE E-MAIL ADDRESS <u>arabstln@aol.com</u>		
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE				
ADDRESS OF SPONSORING ORGANIZATION			EMAIL ADDRESS AND FAX #	

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 \_\_\_\_\_ ID # \_\_\_\_\_

We, Juman Abujaarah Hani Saha, certify under  
Printed name of Chairman and Printed name of Treasurer

penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.

Juman Abujaarah  
Signature of Chairman

[Signature]  
Signature of Treasurer



**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name: \_\_\_\_\_  
 3. Report covering period from \_\_\_\_\_ Thru \_\_\_\_\_

2. ID#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

**RECEIPTS**

4. Contributions other than loans and in-kind:
  - (a) Individuals - more than \$50 (Total from Schedule A)
  - (b) Individuals - aggregate \$50 or less (Total from Schedule A-1)
  - (c) Political Committees (Total from Schedule B)
  - (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]
  - (e) Refund of contributions (Total from Schedule F-2)
  - (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)
- (b) All other loans (Total from Schedule C-1)
- (c) Total Loans [add 5(a) and 5(b)]
6. In-kind contributions (Total from Schedule E)
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)
8. Total Receipts [add 4(f), 5(c), 6, and 7]

COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
200	10,200
	3,000
	13,200
	13,200
	2,100
	2,100
	15,300
	1
200	15,300
	15,300
5,589	<del>14,460</del>
5,589	15,300
5,589	15,300

**DISBURSEMENTS**

9. Expenditures for operating expenses (Total from Schedule D)
10. Independent Expenditures (Total from Schedule D-1)
11. Value of in-kind expenditures (Total from Schedule E)
12. Loans made by reporting committee (Total from Schedule D-2)
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)
- (b) Repayment of all other loans (Total from Schedule D-5)
- (c) Total Loan Repayments [add 13(a) and 13(b)]
14. Transfers to other political committees (Total from Schedule D-6)
15. Any other disbursement (Total from Schedule D-7)
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)
18. Total disbursements [subtract line 17 from line 16]
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

*Hani Sabo*  
 Type or Print Name of Treasurer

*[Signature]*  
 Signature of Treasurer or Candidate or Designating Individual

*3/30/2015*  
 Date

CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

2. ID#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

1. Committee Name Cave Creek Caring Citizens

3. Report covering period from Feb 27, 2015 thru March 30 2015

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE																								
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR																												
4a.	<table border="1"> <tr> <td>LAST</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td colspan="3">Fearnside Robert G</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">7560 E. Ridgecrest Rd.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP</td> </tr> <tr> <td>Cave Creek</td> <td>AZ</td> <td>85331</td> </tr> <tr> <td>OCCUPATION</td> <td colspan="2">EMPLOYER</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>	LAST	FIRST	MI	Fearnside Robert G			STREET ADDRESS			7560 E. Ridgecrest Rd.			CITY	STATE	ZIP	Cave Creek	AZ	85331	OCCUPATION	EMPLOYER					Feb 27	100.00	100.
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5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(a), Column A]		200	200																								

\*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

1. Committee Name Cave Creek Caring Citizens

3. Report covering period from Feb 27, 2015 thru March 30, 2015

2. ID#	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General

4		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
EXPENDITURES			
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
4a.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>Chris Dahm 1626 E. Candlestick Dr, Tempe, 85283</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p>Mailers and Robo Calls</p>	2/27/15	1,665
4b.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>Chris Dahm 1626 E. Candlestick Dr., Tempe, 85283</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p>Mailers and Robo Calls</p>	3/2/15	1,176
4c.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>Chris Dahm 1626 E. Candlestick Dr, Tempe 85283</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p>Mailers and Robo Calls</p>	3/4/15	1,408
4d.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>Valerie Marsman PO Box 4145 Cave Creek, 85327</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p> <p>IT website and email broadcast</p>	3/18/15	1,340
4e.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
4f.	<p>NAME, ADDRESS, CITY, STATE AND ZIP</p> <p>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</p>		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A)		5,589

\*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit