Date of Dissolution:

DISSOLUTION CAMPAIGN STATEMENT

This form may be used to request dissolution of committee that has a Reporting Waiver. A dissolved committee has no further filing obligations under Michigan's Campaign Finance Act.

Type or print clearly in ink

Committee Name: Committee I.D. Number:

| ClE Elic Castiglia | 134614 | J-7-22 |
|---|--------------------------|----------------|
| I/We certify that the committee listed above: Currently maintains a Reporting Waiver and has | not exceeded the \$1,000 | .00 threshold. |
| Has no outstanding late fees or other remaining of | debts. | · |
| Has no remaining assets. | | |
| I/We further certify that the remaining funds (if any) Fixed west to Bank Foes | - | owing manner: |
| | | |
| Signature of Committee Treasurer or Designated Rec | cord Keeper | 5-4-2 Date |
| Signature of Candidate (if a Candidate Committee) | Date | |

Return this form to your filing official. If the committee does not maintain a Reporting Waiver, you cannot dissolve it with this form.

MACOMB COUNTY ELECTION DEPT. 32 MARKET STREET MOUNT CLEMENS, MI 48043