



### 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:**

**Date of Dissolution:**

Johnnie S. Townsend for City Council #140554

12-5-25

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 debts.

Has no remaining assets.

I/We further certify that the remaining funds (if any) were disposed in the following manner:

\_\_\_\_\_  
Signature of Committee Treasurer or Designated Record Keeper

\_\_\_\_\_  
Date

[Signature]  
Signature of Candidate (if a Candidate Committee)

12-5-25  
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