



CITY OF BUCKEYE  
POLITICAL COMMITTEE  
NO ACTIVITY STATEMENT

City Clerk

SEP 29 2016

Received

1. Brian 4 Buckeye  
Full Name of Committee  
0803. South Sunrise Way  
Address  
Buckeye 85326 Maricopa 623-695-9188  
City ZIP Code County Phone Number

2. Brian McAdhara Brian@Buckeye@gmail.com  
Sponsoring Organization or Candidate and office E-mail address Fax #

3. ID# M. 2016.003

4. **REPORTING PERIOD**  
(Please check appropriate box)

**DUE BETWEEN**

- January 31 Report - For Period of \_\_\_\_\_ \*thru December 31, 2015 ..... January 1, 2016 and February 1, 2016
- June 30 Report - For Period of January 1, 2016 thru May 31, 2016 ..... June 1, 2016 and June 30, 2016
- Pre-Primary Election Report - For Period of June 1, 2016 thru August 18, 2016 ..... August 19, 2016 and August 26, 2016
- Post-Primary Election Report - For Period of August 19, 2016 thru September 19, 2016 ..... September 20, 2016 and September 29, 2016
- Pre-General Election Report - For Period of September 20, 2016 thru October 27, 2016 ..... October 28, 2016 and November 4, 2016
- Post-General Election Report - For Period of October 28, 2016 thru November 28, 2016 ..... November 29, 2016 and December 8, 2016
- \*\*January 31, Report - For Period of November 29, 2016 thru December 31, 2017 ..... January 1, 2018 and January 31, 2018

\*Insert date which is 21 days after date of last election (A.R.S. §16-913).

\*\*Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

I, Brian McAdhara, upon my oath and under penalty of perjury, say that this political  
(name of treasurer or candidate- printed)  
 committee 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.

09-28-2016  
Date

[Signature]  
Signature of Candidate or Treasurer

SEP 29 2016

Received



CITY OF BUCKEYE  
POLITICAL COMMITTEE  
TERMINATION STATEMENT

A.R.S. §§ 16-914 and 16-915.01

ID#  
*M.2016.003*

NAME OF POLITICAL COMMITTEE <i>BRIAN 4 Buckeye</i>			
ADDRESS (NUMBER & STREET) <i>6863 South Sunrise Way</i>		CITY <i>Buckeye</i>	STATE ZIP <i>AZ 85326</i>
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) <i>SAME</i>		CITY	STATE ZIP
COMMITTEE TELEPHONE # <i>623-695-9188</i>	COMMITTEE FAX # <i>N/A</i>	COMMITTEE E-MAIL ADDRESS <i>BRIAN4BUCKEYE@gmail.com</i>	
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE <i>BRIAN McHEWAN - MAYOR</i>			
ADDRESS OF SPONSORING ORGANIZATION <i>N/A</i>		EMAIL ADDRESS AND FAX # <i>N/A</i>	

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, *Brian McHewan* Printed name of Chairman and *Christina McHewan* 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