

<p style="text-align: center;"><b>STATEMENT OF DISSOLUTION</b> <b>INSTRUCTIONS</b></p>
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**READ ALL INSTRUCTIONS CAREFULLY AND REMOVE INSTRUCTION PAGE BEFORE FILING.  
PRINT OR TYPE ALL INFORMATION LEGIBLY IN BLACK INK.**

**GENERAL INFORMATION**

Each political committee, including any subsidiary committee, which after having filed an annual statement of organization wishes to dissolve or disband and:

- (1) determines that it has not received any contributions, transfers of funds, or loans and has not made expenditures, transfers of funds, or loans in the aggregate during the calendar year in excess of five hundred dollars (\$500) and does not anticipate doing so, **or**
- (2) determines that it will no longer receive any contributions, loans, or transfers of funds and no longer make any expenditures, loans, or transfers of funds

shall file a statement of dissolution with the supervisory committee prior to dissolving.

All committee debts and obligations must be paid or otherwise extinguished and any funds on hand must be expended or otherwise distributed before a political committee can dissolve.

**Form 205 Instructions**

- 1. Enter the full name and address of the political committee as it was designated on the Statement of Organization.
- 2. Enter the complete name and address of the Committee's chairperson.
- 3. Check whether this committee was the principal campaign committee of a candidate. If yes, then specify the full name of the candidate on the line provided.
- 4. Check whether this committee was a subsidiary committee designated by either a candidate or a principal campaign committee. If yes, then specify the full name of the candidate or committee on the line provided.
- 5. Complete date of certification and all required signatures and telephone numbers.

# STATEMENT OF DISSOLUTION

Each political committee, including any subsidiary committee, which after having filed an annual statement of organization wishes to dissolve or disband and (1) determines that it has not received any contributions, transfers of funds, or loans and has not made expenditures, transfers of funds, or loans in the aggregate during the calendar year in excess of five hundred dollars (\$500) and does not anticipate doing so or (2) determines that it will no longer receive any contributions, loans, or transfers of funds and will no longer make any expenditures, loans, or transfers of funds, shall file a statement of dissolution with the supervisory committee prior to dissolving. All committee debts and obligations must be paid or otherwise extinguished and any funds on hand must be expended or otherwise distributed before a political committee can dissolve.

Mail to: **CAMPAIGN FINANCE, Post Office Box 4368, Baton Rouge, LA 70821**

1. Full Name and Address of Political Committee

**OFFICE USE ONLY**

2. Name and Address of Committee Chairperson

3. Was this Committee the Principal Campaign Committee of a Candidate?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give the name of the Candidate \_\_\_\_\_

4. Was this Committee a Subsidiary Committee designated by either a Candidate or a Principal Campaign Committee?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give the name of the Candidate or Committee \_\_\_\_\_

5. WE HEREBY CERTIFY that this committee has no unpaid debts or obligations and that all funds have been expended or otherwise distributed.

WE HEREBY CERTIFY that this committee (1) has not received contributions, transfers of funds, or loans and has not made expenditures, transfers of funds, or loans in the aggregate during the calendar year in excess of five hundred dollars (\$500) and does not anticipate doing so, or (2) will receive no contributions, transfers of funds, or loans and will make no expenditures, transfers of funds, or loans during the remainder of the calendar year.

WE FURTHER CERTIFY that a completed Committee's Report accompanies this Statement of Dissolution.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Committee Chairperson

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Signature of Committee Treasurer, if any

\_\_\_\_\_  
Daytime Telephone Number