

Statement of Dissolution FOR ELECTED OFFICIALS, CANDIDATES AND POLITICAL ACTION COMMITTEES

Please Print in Ink or Type.	Report Status (check one)
Name of Candidate or Elected Official, or Political Committee Michael Shel Office Sought or Held (include district or circuit number, if applicable) Mayo Address Check box if reporting new address Also Very State ZIP Code Telephone Number City State 35903 256-6-9ds box	No report required because I have had no activity since the last reporting period Termination report attached Note: If you have had activity since the last report filed, you are responsible for filing the requisite Annual Report covering the last year of activity. However, the submission of a Termination Report along with the Statement of Dissolution will satisfy this requirement.
This statement dissolves the above-named Principal Campaign Committee or Political Action Committee as of the	
As required by the Alabama Fair Campaign Practices Act, I hereby sweknowledge and belief that this Statement of Dissolution is true and corre	ar of afficient to the best of my

Signature of Candidate or Elected Official, of Chairpel Veasurer of Political Committee

ARGE MARGE

FORM REVISED 9.2.2011