AFFIDAVIT DISSOLVING CAMPAIGN ACCOUNT (CF-7)

Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC): 
Key #

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/Town, State and Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address (if different)</td>
<td>City/Town, State and Zip Code</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Daytime Telephone Number</td>
</tr>
</tbody>
</table>

Campaign Dissolved as of (Date):

DECLARATION

Upon filing this form, there are no remaining campaign funds, and the organization (Candidate, Officeholder, Political Party, or Political Action Committee) has completed its business and is hereby dissolved.

AFFIDAVIT

I, _____________________________________________, do hereby certify that the declaration provided above is true and correct.

Name of Treasurer

X________________________________________          ______________

Signature of Treasurer Date

INSTRUCTIONS

The information reported is required under the Rhode Island Campaign Contributions and Expenditures Reporting Act of 1974 as amended.

**Full Name of Candidate, Officeholder, Political Party Committee, or Political Action Committee (PAC)** – Enter the full name of the candidate, officeholder, political party committee or political action committee as reported on the “Notice of Organization” (Form CF-1).

**Key #** - Enter the unique number assigned to this campaign by the Board of Elections.

**Street Address** – Enter the address of this organization as reported on the “Notice of Organization” (Form CF-1).

**City/Town, State & Zip Code** – Enter the city/town, state and zip code as reported on the “Notice of Organization” (Form CF-1).

**Mailing Address** – Enter the address where mail is directed to this organization.

**City/Town, State and Zip Code** – Enter the city/town, state and zip code where mail is directed to this organization.

**Telephone Number** – Enter the telephone number as reported on the “Notice of Organization” (Form CF-1).

**Daytime Telephone Number** – Enter a secondary telephone for this campaign.

**Fax Number** – Enter the fax number for this campaign.

**E-mail Address** – Enter the E-mail address for this campaign.

**Campaign Dissolved as of (Date)** – Enter the date the campaign has concluded its business.

**If you have any questions on how to complete this form, please contact the Board of Elections.**

PENALTIES: Any person violating the provisions of the Rhode Island Campaign Contributions and Expenditures Reporting Act (Chapter 25 of Title 17 of the Rhode Island General Laws) shall be subject to civil and/or criminal penalties.