

STATEMENT OF DISSOLUTION

for a

PERSONAL CAMPAIGN COMMITTEE

CANDIDATE INFORMATION

Name	Office	District Number		
Troy E. BRIAN	BOARD MEMBER			
Street Address	City	State	Zip Code	Phone Number
165N. 100E	COA	UT.	84747	435 836 2605

PERSONAL CAMPAIGN COMMITTEE SECRETARY

Name of Secretary	Phone Number		
Street Address	City	State	Zip Code

I, Troy E. BRIAN
(Name of Candidate)

affirm that my account balance is zero, I have closed my campaign account, dissolved my campaign committee, and I will no longer be receiving contributions or making expenditures for political purposes as a candidate for the above office.

Troy E. Brian
Signature of Candidate

6-7-10
Date

To File this Form
 Deliver, mail, or fax to the
 Lt. Governor's Office
 Utah State Capitol, Suite 220
 Salt Lake City, UT 84114-2325
 Fax (801) 538-1133
 Please call us with any questions at
 (801) 538-1041 or
 1-800-995-VOTE (8683)
elections@utah.gov

03/08

For Office Use Only

6-7-10
Ryan Torgerson
 Date Received