

## MARICOPA COUNTY COMMITTEE

## 2117 JUL 12 113-52



## STATEMENT OF ORGANIZATIONS COUNTY BEPT. OF ELECTIONS

1060885	Initial Registration	Pathod in the Aprel of the Apre	Amended Registration				
TYPE OF POLITICAL COMMITTEE (choose	one):			DATE:	7/1/2017		
Candidate  Political Action Committee (P/	AC)		Political Party  (attach proof of qualification pursua  County Party		-802, 16-804 or 16-823) Dist Party		
COMMITTEE NAME (required) If sponsore Penzone for Sheriff	ed, must include sponsor's	s name					
RESIDENCE ADDRESS (Number and Street) 3370 N Hayden Rd STE 123			сітү Scottsdale	STATE AZ	ZIP 85251-6632		
MAILING ADDRESS (If Different from Residence Address)			CITY	STATE	ZIP		
602-283-9858		COMMITTEE EMAIL ADDRESS (required) Darryl@CommonCentsConsulting.net					
COMMITTEE WEBSITE (if any) http://penzoneforsheriff.com/		ELECTION CYCLE (year the election will take place)					
A Samuel	CANDIDAT	E INFORM	IATION				
CANDIDATE NAME: Paul Penzone							
PARTY AFFILIATION: OFFICE SOUGHT: (Including District) Democrat Sheriff							
RESIDENCE ADDRESS (Number and Street) 3370 N Hayden Rd STE 123			CITY Scottsdale	STATE <b>AZ</b>	ZIP 85251-6632		
	POLITICAL ACTION CO	OMMITTE	E INFORMATION				
POLITICAL FUNCTION (select any that apply)  Contributions Recall Expenditures			Candidate Related Independent Expenditures  Ballot Measure Expenditures				
	SPECIAL STA	ΓUS (if ap	plicable)				
Separate Segregated Fund of a Co Standing Committee (provide copy of	·	ip, or Uni	on Mega PAC (provide copy of AZSOS	registration)			
26-26	SPONSORSHIP INFO	RMATIO	N (if applicable)				
AME OR NICKNAME PHONE NUMBER							
MAILING ADDRESS							
EMAIL ADDRESS WEBSITE (if any)							

	BANK ACCO	UNT INFORMATIO	N (BANK NAME)			
1. Wells Fargo, NA	2.	,	3.			
	COMMI	TTEE OFFICER INF	ORMATION:			
CHAIRPERSON (First Name) Paul			(Last Name) Penzone			
RESIDENCE ADDRESS (Number and Street) 3370 N Hayden Rd STE 123			CITY Scottsdale	STATE AZ	ZIP 85251-6632	
MAILING ADDRESS (If Different from Residence Address)			CITY	STATE	ZIP	
			NRMAN EMAIL ADDRESS FO@PENZONE2016.COM			
CHAIRMAN OCCUPATION CHAIL			MAN EMPLOYER			
TREASURER (First Name) Darryl			(Last Name) Tattrie			
RESIDENCE ADDRESS (Number and Street) 3370 N Hayden Rd STE 123			CITY Scottsdale	STATE AZ	ZIP 85251-6632	
MAILING ADDRESS (If Different from Residence Address)			CITY	STATE	ZIP	
			URER EMAIL ADDRESS			
			SURER EMPLOYER monCentsConsulting, LLC			
	DECL	ARATION AND SIG	NATURES:			
I declare under penalty of perjury that the committee named herein, if applic contributions/expenditures on my beh Arizona election law, including campai for campaign finance purposes via the	able; (2) designate the above-ralf, if applicable; (3) have reading finance laws codified at A.R.	named committee a I the Secretary of St I.S. §§ 16-901 to 16	as my official candidate co ate's campaign finance an	mmittee and authorized and reporting guide; (4)	e it to receive/make agree to comply with	
DATE: 07/01/2017	CHAIRMAN'S SIGN	VATURE:				
DATE: 07/01/2017	TREASURER'S SIG	WA	MAH	3		
DATE: 07/01/2017	CANDIDATE'S SIGN	NATURE (if oppli	cable) (			
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