



**MARICOPA COUNTY  
COMMITTEE  
STATEMENT OF ORGANIZATION**

2017 AUG -8 PM 2:08 ✓

MARICOPA COUNTY  
DEPT. OF ELECTIONS

COMMITTEE ID#  
1001886

Initial Registration

Amended Registration

TYPE OF POLITICAL COMMITTEE (choose one):		DATE:	
<input type="checkbox"/> Candidate	<input type="checkbox"/> Political Party <small>(attach proof of qualification pursuant to ARS 16-802, 16-804 or 16-823)</small>		
<input checked="" type="checkbox"/> Political Action Committee (PAC)	<input type="checkbox"/> County Party	<input type="checkbox"/> Leg Dist Party	

COMMITTEE NAME (required) *If sponsored, must include sponsor's name*  
YES for FH students

RESIDENCE ADDRESS (Number and Street) 15542 E. Robin Dr.	CITY Fountain Hills	STATE AZ	ZIP 85268
MAILING ADDRESS (if Different from Residence Address)	CITY	STATE	ZIP

COMMITTEE PHONE # (required) 602-294-0700	COMMITTEE EMAIL ADDRESS (required) Denisewein@cox.net
COMMITTEE WEBSITE (if any)	ELECTION CYCLE (year the election will take place) Nov 2017

CANDIDATE INFORMATION			
CANDIDATE NAME:			
PARTY AFFILIATION:		OFFICE SOUGHT: (Including District)	
RESIDENCE ADDRESS (Number and Street)	CITY	STATE	ZIP

POLITICAL ACTION COMMITTEE INFORMATION			
POLITICAL FUNCTION (select any that apply)		Candidate Related Independent Expenditures	
<input checked="" type="checkbox"/> Contributions	<input type="checkbox"/> Recall Expenditures	<input checked="" type="checkbox"/>	Ballot Measure Expenditures

SPECIAL STATUS (if applicable)	
<input type="checkbox"/> Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	<input type="checkbox"/> Mega PAC (provide copy of AZSOS registration)
<input type="checkbox"/> Standing Committee (provide copy of AZSOS registration)	

SPONSORSHIP INFORMATION (if applicable)	
NAME OR NICKNAME	PHONE NUMBER
MAILING ADDRESS	
EMAIL ADDRESS	WEBSITE (if any)

BANK ACCOUNT INFORMATION (BANK NAME)			
1. Bank of America	2.	3.	
COMMITTEE OFFICER INFORMATION:			
CHAIRPERSON (First Name) Denise		(Last Name) Weinreich	
RESIDENCE ADDRESS (Number and Street) 15542 E. Robin Dr.		CITY Fountain Hills	STATE AZ
MAILING ADDRESS (If Different from Residence Address)		CITY	STATE
CHAIRMAN PHONE # (480) 612-1068		CHAIRMAN EMAIL ADDRESS denisewein@cox.net	
CHAIRMAN OCCUPATION Business Manager		CHAIRMAN EMPLOYER Fountain View Dental	
TREASURER (First Name) Paul		(Last Name) Ulan	
RESIDENCE ADDRESS (Number and Street) 5320 N. 16th St, Suite 111		CITY Phoenix	STATE AZ
MAILING ADDRESS (If Different from Residence Address)		CITY	STATE
TREASURER TELEPHONE # 602-294-0700		TREASURER EMAIL ADDRESS pulan@primaryconsultants.com	
TREASURER OCCUPATION consultant		TREASURER EMPLOYER Self	
DECLARATION AND SIGNATURES:			
I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.			
DATE: 8/4/17	CHAIRMAN'S SIGNATURE: Denise L. Weinreich		
DATE: 8/4/17	TREASURER'S SIGNATURE: Paul Ulan		
DATE:	CANDIDATE'S SIGNATURE (if applicable):		