



**MARICOPA COUNTY
COMMITTEE
STATEMENT OF ORGANIZATION**

2019 FEB 21 PM 4:34
MARICOPA COUNTY
DEPT. OF ELECTIONS

COMMITTEE ID#
10011009

Initial Registration

Amended Registration

TYPE OF POLITICAL COMMITTEE (choose one):		DATE: 02/13/19
<input checked="" 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 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

Wm. 'BROOM' HALL FOR SHERIFF

RESIDENCE ADDRESS (Number and Street) 48995 N. BeeLINE HWY	CITY SUNFLOWER	STATE AZ	ZIP 85541
MAILING ADDRESS (if Different from Residence Address) PO BOX 33781 PHX, AZ 85067	CITY PHOENIX	STATE AZ	ZIP 85067
COMMITTEE PHONE # (required) (602) 461-5576	COMMITTEE EMAIL ADDRESS (required)		
COMMITTEE WEBSITE (if any)	ELECTION CYCLE (year the election will take place) 2020		

CANDIDATE INFORMATION

CANDIDATE NAME: WILLIAM HARRISON HALL			
PARTY AFFILIATION: DEMOCRAT	OFFICE SOUGHT: (Including District) SHERIFF OF MARICOPA COUNTY		
RESIDENCE ADDRESS (Number and Street) 48995 N. BeeLINE HWY	CITY SUNFLOWER	STATE AZ	ZIP 85541

POLITICAL ACTION COMMITTEE INFORMATION

POLITICAL FUNCTION (select any that apply)			
<input checked="" type="checkbox"/> Contributions	<input type="checkbox"/> Recall Expenditures	<input checked="" type="checkbox"/> Candidate Related Independent 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 checked="" type="checkbox"/> Standing Committee (provide copy of AZSOS registration)	

SPONSORSHIP INFORMATION (if applicable)

NAME OR NICKNAME Wm. 'BROOM' HALL	PHONE NUMBER (602) 461-5576
MAILING ADDRESS PO BOX 33781 PHX, AZ, 85067	
EMAIL ADDRESS	WEBSITE (if any)

BANK ACCOUNT INFORMATION (BANK NAME)

1.

2.

3.

COMMITTEE OFFICER INFORMATION:

CHAIRPERSON (First Name) ^W <i>WILLIAM H HALL</i>		(Last Name) <i>HALL</i>	
RESIDENCE ADDRESS (Number and Street) <i>48995 N. Beeline Hwy</i>	CITY <i>SUNFLOWER</i>	STATE <i>AZ</i>	ZIP <i>85541</i>
MAILING ADDRESS (If Different from Residence Address) <i>P.O. BOX 33781 PHOENIX AZ 85067</i>	CITY <i>PHOENIX</i>	STATE <i>AZ</i>	ZIP <i>85067</i>
CHAIRMAN PHONE # <i>(602) 461-5576</i>	CHAIRMAN EMAIL ADDRESS		
CHAIRMAN OCCUPATION <i>SECURITY OFFICER</i>	CHAIRMAN EMPLOYER <i>RIDER SECURITY & INVESTIGATIONS</i>		
TREASURER (First Name) <i>Thomas</i>		(Last Name) <i>BETH KE</i>	
RESIDENCE ADDRESS (Number and Street) <i>48995 N Beeline Hwy</i>	CITY <i>SUNFLOWER</i>	STATE <i>AZ</i>	ZIP <i>85541</i>
MAILING ADDRESS (If Different from Residence Address)	CITY	STATE	ZIP
TREASURER TELEPHONE # <i>702 235 2745</i>	TREASURER EMAIL ADDRESS <i>ALTMASER.LLC@ARTCAD.COM</i>		
TREASURER OCCUPATION <i>SECURITY OFFICER</i>	TREASURER EMPLOYER <i>RIDER SECURITY & INVESTIGATIONS</i>		

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: <i>02/13/19</i>	CHAIRMAN'S SIGNATURE: <i>William H Hall</i>
DATE: <i>02/13/19</i>	TREASURER'S SIGNATURE: <i>Thomas Bethke</i>
DATE: <i>02/13/19</i>	CANDIDATE'S SIGNATURE (if applicable): <i>William H Hall</i>