



**MARICOPA COUNTY  
COMMITTEE  
STATEMENT OF ORGANIZATION**

COMMITTEE ID#

Initial Registration

Amended Registration

TYPE OF POLITICAL COMMITTEE (choose one): DATE:

Candidate  Political Party  
(attach proof of qualification pursuant to ARS 16-802, 16-804 or 16-823)  
 Political Action Committee (PAC)  County Party  Leg Dist Party

COMMITTEE NAME (required) *If sponsored, must include sponsor's name*

RESIDENCE ADDRESS (Number and Street) CITY STATE ZIP

MAILING ADDRESS (If Different from Residence Address) CITY STATE ZIP

COMMITTEE PHONE # (required) COMMITTEE EMAIL ADDRESS (required)

COMMITTEE WEBSITE (if any) ELECTION CYCLE (year the election will take place)

**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  
 Contributions  Recall Expenditures  Ballot Measure Expenditures

**SPECIAL STATUS (if applicable)**

Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  
 Standing Committee (provide copy of AZSOS registration)  Mega PAC (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)**

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**COMMITTEE OFFICER INFORMATION:**

CHAIRPERSON (First Name)		(Last Name)	
RESIDENCE ADDRESS (Number and Street)		CITY	STATE ZIP
MAILING ADDRESS (If Different from Residence Address)		CITY	STATE ZIP
CHAIRMAN PHONE #	CHAIRMAN EMAIL ADDRESS		
CHAIRMAN OCCUPATION	CHAIRMAN EMPLOYER		
TREASURER (First Name)		(Last Name)	
RESIDENCE ADDRESS (Number and Street)		CITY	STATE ZIP
MAILING ADDRESS (If Different from Residence Address)		CITY	STATE ZIP
TREASURER TELEPHONE #	TREASURER EMAIL ADDRESS		
TREASURER OCCUPATION	TREASURER EMPLOYER		

**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:	CHAIRMAN'S SIGNATURE:
DATE:	TREASURER'S SIGNATURE:
DATE:	CANDIDATE'S SIGNATURE <i>(if applicable)</i> :