



**MARICOPA COUNTY  
ORGANIZATION  
STATEMENT OF REGISTRATION**

ORGANIZATION ID#

Initial Registration

Amended Registration

**ORGANIZATION INFORMATION**

ORGANIZATION NAME (required)

RESIDENCE ADDRESS (Number and Street)

CITY

STATE

ZIP

MAILING ADDRESS (If Different from Residence Address)

CITY

STATE

ZIP

PHONE # (required)

EMAIL ADDRESS (required)

COMMITTEE WEBSITE (if any)

DATE:

**RESPONSIBLE PERSON INFORMATION**

PERSON RESPONSIBLE FOR AUTHORIZING ORGANIZATION'S EXPENDITURE:

RESPONSIBLE PERSON'S TITLE:

PHONE #:

MAILING ADDRESS (Number and Street)

CITY

STATE

ZIP

PHONE # (required)

EMAIL ADDRESS (required)

**DECLARATION AND SIGNATURE:**

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) am the person responsible for authorizing expenditures to be conducted by the above-referenced organization; (2) have read the Secretary of State's campaign finance and reporting guide; (3) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (4) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

DATE:

RESPONSIBLE PERSON'S SIGNATURE: