

YAVAPAI COUNTY COMMITTEE STATEMENT OF ORGANIZATION

□ Initial Application □ Amended Application

DATE ID# (office use only)

FOR OFFICE USE ONLY

COMMITTEE TYPE (choose one)

	CANDIDATE							
	COMMITTEE NAME (must include candidate's first or last name and, if the candidate has a candidate committee open for more than one office, the office sought)							
	ELECTION CYCLE FOR OFFICE SOUGHT (year election will take place, required)			PARTY AFFILIATION (required for partisan offices)				
	CANDIDATE'S NAME (required) CANDIDATE'S MAILING ADDRESS (required) CANDIDATE'S EMAIL ADDRESS (required) CANDIDATE'S PHONE NUMBI		Other:					
			C	CITY			ZIP	
			ER (required) CANDIDATE'S WEBSI			ITE (if any)		
	OFFICE SOUGHT (required, choose one)	.1						
	Assessor		Recorder					
	Attorney		School Superintendent					
	Board of Supervisors – District:		_ D Sheriff					
	Clerk of Superior Court		Superior Court Judge – Division:					
	Constable – Precinct:							
	Justice of the Peace – Precinct:							
	School District Governing Board – District:							
	Special District Board (fire, water, sanitation, hospital, road, etc.) – District:							
	Political Action Committee (PAC)	Political Action Committee (PAC)						
	COMMITTEE NAME (if sponsored, must include sponsor's name)							
	POLITICAL FUNCTION (optional) (choose any that apply)							
	Ballot Measure Expenditures Candidate-Related Contributions Recall Expenditures				penditures			

SPONSOR'S MAILING ADDRESS (required)	CITY		STATE	ZIP	
SPONSOR'S EMAIL ADDRESS (required)	SPONSOR'S PHONE NUMBER (if any)	SPONSOR'S WEBSITE (if any)			
SPECIAL STATUS (if applicable) Choose one	-				
Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	Standing Committee (must also complete separate standing committee registration)	Mega PAC (must provide proof of Mega PAC status to filing officer, amended applications only)			

JURISDICTION					
County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)					
SPECIAL STATUS (if applicable)					
Standing Committee (must also complete separate standing committee registration)					

Please complete both sides of this form.

COMMITTEE INFORMATION

COMMITTEE'S MAILING ADDRESS (required)		CITY		STATE	ZIP
COMMITTEE'S EMAIL ADDRESS (required)	COMMITTEE'S PHONE NUMBER (if any)	•	COMMITTEE'S WEBSITE	(if any)	
CHAIRPERSON'S INFORMATION	•				
CHAIRPERSON'S NAME (required)					
CHAIRPERSON'S PHYSICAL ADDRESS (required)		CITY		STATE	ZIP
CHAIRPERSON'S MAILING ADDRESS (if different)		CITY		STATE	ZIP
CHAIRPERSON'S EMAIL ADDRESS (required)	CHAIRPERSON'S EMPLOYER (required)				
CHAIRPERSON'S PHONE NUMBER (required)	CHAIRPERSON'S OCCUPATION (required)				
TREASURER'S INFORMATION					
TREASURER'S NAME (required)					
TREASURER'S PHYSICAL ADDRESS (required)		CITY		STATE	ZIP
TREASURER'S MAILING ADDRESS (if different)		CITY		STATE	ZIP
TREASURER'S EMAIL ADDRESS (required)	TREASURER'S EMPLOYER (required)	·		•	
TREASURER'S PHONE NUMBER (required)	TREASURER'S OCCUPATION (required)				

BANK OR FINANCIAL INSTITUTION INFORMATION DO NOT LIST ACCOUNT NUMBERS

BANK NAME (required)	ADDITIONAL BANK NAME (if applicable)	ADDITIONAL BANK NAME (if applicable)

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.				
CHAIRPERSON'S SIGNATURE	DATE			
x				
TREASURER'S SIGNATURE	DATE			
x				
CANDIDATE'S SIGNATURE (if applicable)	DATE			
x				

This form may be filed on paper to the proper filing office, or you may email it as an attachment to elections@yavapaiaz.gov