



**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)		
<b>CHAIRPERSON'S INFORMATION</b>				
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)			
<b>TREASURER'S INFORMATION</b>				
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)
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**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 X	DATE
TREASURER'S SIGNATURE X	DATE
CANDIDATE'S SIGNATURE (if applicable) X	DATE

This form may be filed on paper to the proper filing office, or you may email it as an attachment to [elections@yavapai.gov](mailto:elections@yavapai.gov)