

YAVAPAI COUNTY COMMITTEE STATEMENT OF ORGANIZATION

☐ Initial Application ☐ Amended Application				
DATE	ID# (office use only)			
		FC	OR OFFICE USE ONLY	
COMMITTEE TYPE (choose one)				
CANDIDATE				
Ш	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) Democrat Libertarian Republican		
	CANDIDATE'S NAME (required)	Other:		
	CANDIDATE'S MAILING ADDRESS (required)	CITY	TE ZIP	
	CANDIDATE'S EMAIL ADDRESS (required) CANDIDATE'S PHONE NUM	BER (required) CANDIDATE'S WEBSITE (if a	any)	
	OFFICE COURT (
	OFFICE SOUGHT (required, choose one) Assessor	Recorder		
		☐ School Superintendent		
	☐ Attorney			
	Board of Supervisors – District:			
	Clerk of Superior Court	Superior Court Judge – Division:	-	
	Constable – Precinct:	_ Treasurer		
	Justice of the Peace – Precinct:	_		
	School District Governing Board – District:			
	☐ Special District Board (fire, water, sanitation, hospital, road, etc.) – District:			
	Political Action Committee (PAC)			
ш	COMMITTEE NAME (if sponsored, must include sponsor's name)			
	POLITICAL FUNCTION (optional) (choose any that apply)			
	☐ Ballot Measure Expenditures ☐ Candidate-Related ☐ Contributions ☐ Recall Expenditures		all Expenditures	
	Independent Expenditures			
	SPONSORSHIP INFORMATION (if applicable) SPONSOR'S NAME OR NICKNAME (required)			
	SPONSOR'S MAILING ADDRESS (required)	CITY	TE ZIP	
	SPONSOR'S EMAIL ADDRESS (required) SPONSOR'S PHONE NUMBER (if any) SPONSOR'S WEBSITE (if any)			
applications only)				
	POLITICAL PARTY			
Ш	PARTY NAME (must include party affiliation)			
	JURISDICTION			
	☐ County Party (must include proof of qualification pursuant to A.R.S. ☐ Legislative District Party (must include proof of organization § 16-802 or § 16-804) 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 STATE CHAIRPERSON'S MAILING ADDRESS (if different) CITY 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 TREASURER'S SIGNATURE DATE CANDIDATE'S SIGNATURE (if applicable) DATE

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