



# Committee Statement of Organization

Initial Application  Amended Application

DATE	ID# (office use only)
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**COMMITTEE TYPE** (choose one)

<input type="checkbox"/>	<b>CANDIDATE</b>
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) <input type="checkbox"/> Democrat <input type="checkbox"/> Green <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other: _____
CANDIDATE'S NAME (required)	
CANDIDATE'S MAILING ADDRESS (required)	CITY STATE ZIP
CANDIDATE'S EMAIL ADDRESS (required)	CANDIDATE'S PHONE NUMBER (required) CANDIDATE'S WEBSITE (if any)
OFFICE SOUGHT (required, choose one)	
<input type="checkbox"/> Assessor <input type="checkbox"/> Recorder <input type="checkbox"/> Attorney <input type="checkbox"/> School Superintendent <input type="checkbox"/> Board of Supervisors – District: _____ <input type="checkbox"/> Sheriff <input type="checkbox"/> Clerk of Superior Court <input type="checkbox"/> Superior Court Judge – Division: _____ <input type="checkbox"/> Constable – Precinct: _____ <input type="checkbox"/> Treasurer <input type="checkbox"/> Justice of the Peace – Precinct: _____ <input type="checkbox"/> School District Governing Board – District: _____ <input type="checkbox"/> Special District Board (fire, water, sanitation, hospital, road, etc.) – District: _____	

<input type="checkbox"/>	<b>Political Action Committee (PAC)</b>
COMMITTEE NAME (if sponsored, must include sponsor's name)	
POLITICAL FUNCTION (optional) (choose any that apply)	
<input type="checkbox"/> Ballot Measure Expenditures <input type="checkbox"/> Candidate-Related Independent Expenditures <input type="checkbox"/> Contributions <input type="checkbox"/> Recall Expenditures	
SPONSORSHIP INFORMATION (if applicable)	
SPONSOR'S NAME OR NICKNAME (required)	
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	
<input type="checkbox"/> Separate Segregated Fund of a Corporation, LLC, Partnership, or Union <input type="checkbox"/> Standing Committee (must also complete separate standing committee registration) <input type="checkbox"/> Mega PAC (must provide proof of Mega PAC status to filing officer, amended applications only)	

<input type="checkbox"/>	<b>POLITICAL PARTY</b>
PARTY NAME (must include party affiliation)	
JURISDICTION	
<input type="checkbox"/> County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) <input type="checkbox"/> Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	
SPECIAL STATUS (if applicable)	
<input type="checkbox"/> Standing Committee (must also complete separate standing committee registration)	

Santa Cruz County Elections Department  
 2150 N. Congress Dr., Rm. 119  
 Nogales, AZ 85621 (520) 375-7812

**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**

<p>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.</p>	
CHAIRPERSON'S SIGNATURE	DATE
X	
TREASURER'S SIGNATURE	DATE
X	
CANDIDATE'S SIGNATURE (if applicable)	DATE
X	