



0000391569



STATE OF ARIZONA
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION

SECRETARY OF STATE

2016 AUG -1 PM 2:57

- Initial Registration
Amended Statement
Out of State Committee
Standing Political Committee

Titles 16 & 19, Arizona Revised Statutes
Definitions, statutory references and important information on page 2.

COMMITTEE ID NUMBER
201600655

Form with multiple sections: NAME OF POLITICAL COMMITTEE, TYPE OF COMMITTEE, COMMITTEE ADDRESS, NAME OF SPONSORING ORGANIZATION, NAME OF COMMITTEE CHAIRMAN, NAME OF COMMITTEE TREASURER, LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS, FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION.

Committee ID: 201600655
 Date: 08/01/2016
 Form ID: 0000391569



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YOUR APPLICATION IS NOT COMPLETE WITHOUT THE REQUIRED SIGNATURES BELOW:

BOX 1 All committees require the signature of both the chairman and treasurer. Standing Committees, see BOX 3 below.

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned chairman and treasurer, have read all of the applicable laws relating to campaign finance and reporting and have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 8/1/16 Chairman's signature: _____
 Date: _____ Treasurer's signature: _____

BOX 2 Complete and sign this additional box only if the committee is a candidate's campaign committee or exploratory committee.

DESIGNATING INDIVIDUAL OR CANDIDATE'S STATEMENT: I authorize the above -named political committee as my political committee to receive contributions and make expenditures on my behalf.

Date: _____ D/I's or Candidate's signature: _____

BOX 3 Complete and notarize this box only if the committee has been in existence for more than one year and is filing for Standing Committee status.

STANDING POLITICAL COMMITTEE'S STATEMENT (if applicable) (A.R.S. §16 -902.01): I/we hereby declare the status of this political committee as a standing political committee.

Date: 8/1/16 Chairman's signature: [Signature]
 Date: _____ Treasurer's signature: _____

State of Arizona)
 County of Maricopa) ss.
 State of Arizona)
 County of _____) ss.

SUBSCRIBED AND SWORN TO before me this 1st day of Aug 2016 SUBSCRIBED AND SWORN TO before me this _____
[Signature] My Commission Expires: 07/05/2020 _____ My Commission Expires: _____
 Notary Public Notary Public

