



**CITY OF PEORIA
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

Initial Application
 Amended Application
Date: _____

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): _____
(first or last name and office)

Candidate Information:

Candidate's Name (required): _____

Candidate's mailing address (required): _____

Candidate's email address (required): _____

Candidate's phone number (required): _____

Candidate's website (if any): _____

- Office Sought (choose one):*
- Mayor
 - Acacia District Councilmember
 - Ironwood District Councilmember
 - Mesquite District Councilmember
 - Palo Verde District Councilmember
 - Pine District Councilmember
 - Willow District Councilmember

Election Cycle for Office Sought (year the election will take place) (required): _____

Political Action Committee (PAC)

Committee Name (required): _____
(if sponsored, must include sponsor's name)

Political Function (optional) (select all that apply):

- Contributions
- Candidate-Related Independent Expenditures
- Ballot Measure Expenditures
- Recall Expenditures

Sponsorship Information (if applicable):

Sponsor's name or nickname (required): _____

Sponsor's mailing address (required): _____

Sponsor's email address (required): _____

Sponsor's phone number (if any): _____

Sponsor's website (if any): _____

Special Status (if applicable): Separate Segregated Fund of a Corporation, LLC, Partnership, or Union



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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): _____
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): _____
Chairperson's mailing address (if different): _____
Chairperson's email address (required): _____
Chairperson's phone number (required): _____
Chairperson's employer (required): _____
Chairperson's occupation (required): _____

Treasurer's Information:

Treasurer's name (required): _____
Treasurer's physical address (required): _____
Treasurer's mailing address (if different): _____
Treasurer's email address (required): _____
Treasurer's phone number (required): _____
Treasurer's employer (required): _____
Treasurer's occupation (required): _____

Bank or Financial Institution (do not list acct 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: _____