



**PIMA COUNTY ELECTIONS**  
**STATEMENT OF ORGANIZATION**

A.R.S. § 16-906

CHECK ONE:  INITIAL REGISTRATION  
 AMENDED STATEMENT

COMMITTEE ID NUMBER (OFFICE USE ONLY)
--

CHOOSE ONE OF THE FOLLOWING COMMITTEE TYPES:

**CANDIDATE COMMITTEE:**

COMMITTEE NAME (REQUIRED; MUST INCLUDE CANDIDATE'S FIRST OR LAST NAME)	
NAME OF CANDIDATE (REQUIRED)	
OFFICE SOUGHT (REQUIRED)	ELECTION YEAR (REQUIRED)
POLITICAL PARTY (REQUIRED FOR PARTISAN OFFICES)	CANDIDATE'S PHONE NUMBER (REQUIRED)
CANDIDATE'S MAILING ADDRESS (REQUIRED)	ZIP (REQUIRED)
CANDIDATE'S EMAIL ADDRESS (REQUIRED)	

**POLITICAL ACTION COMMITTEE (PAC):**

COMMITTEE NAME (REQUIRED)	
SPONSOR'S NAME (REQUIRED IF PAC HAS A SPONSOR)	
SPONSOR'S EMAIL ADDRESS (REQUIRED IF PAC HAS A SPONSOR)	SPONSOR'S PHONE NUMBER
SPONSOR'S MAILING ADDRESS (REQUIRED IF PAC HAS A SPONSOR)	ZIP (REQUIRED)
POLITICAL FUNCTION (OPTIONAL; CHECK ALL THAT APPLY)	
<input type="checkbox"/> CONTRIBUTIONS	<input type="checkbox"/> CANDIDATE-RELATED INDEPENDENT EXPENDITURES
<input type="checkbox"/> BALLOT MEASURE EXPENDITURES	<input type="checkbox"/> RECALL EXPENDITURES
<input type="checkbox"/> SEPARATE SEGREGATED FUND OF A CORPORATION, LLC, PARTNERSHIP, OR UNION	

**POLITICAL PARTY:**

COMMITTEE NAME (REQUIRED)
JURISDICTION:
<input type="checkbox"/> STATE PARTY (MUST INCLUDE PROOF OF QUALIFICATION PURSUANT TO A.R.S. § 16-801 OR § 16-804)
<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 QUALIFICATION PURSUANT TO A.R.S. § 16-823)
<input type="checkbox"/> CITY/TOWN PARTY (MUST INCLUDE PROOF OF QUALIFICATION PURSUANT TO A.R.S. § 16-802 OR § 16-804)

**COMMITTEE CONTACT INFORMATION:**

COMMITTEE'S MAILING ADDRESS (REQUIRED)		ZIP (REQUIRED)
COMMITTEE'S EMAIL ADDRESS (REQUIRED)		
COMMITTEE'S PHONE NUMBER (IF ANY)	WEBSITE (IF ANY)	
COMMITTEE'S BANK NAME (REQUIRED)	ADDITIONAL BANK NAME(S) (IF APPLICABLE)	

**CHAIRPERSON'S INFORMATION:**

NAME (REQUIRED)	EMAIL ADDRESS (REQUIRED)	
PHYSICAL ADDRESS (REQUIRED)	PHONE NUMBER (REQUIRED)	
MAILING ADDRESS (IF DIFFERENT)	ZIP (REQUIRED)	
EMPLOYER (REQUIRED)	OCCUPATION (REQUIRED)	

**TREASURER'S INFORMATION:**

NAME (REQUIRED)	EMAIL ADDRESS (REQUIRED)	
PHYSICAL ADDRESS (REQUIRED)	PHONE NUMBER (REQUIRED)	
MAILING ADDRESS (IF DIFFERENT)	ZIP (REQUIRED)	
EMPLOYER (REQUIRED)	OCCUPATION (REQUIRED)	

**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: \_\_\_\_\_  
(REQUIRED)

DATE: \_\_\_\_\_

TREASURER'S SIGNATURE: \_\_\_\_\_  
(REQUIRED)

DATE: \_\_\_\_\_

CANDIDATE'S SIGNATURE: \_\_\_\_\_  
(REQUIRED FOR CANDIDATE COMMITTEES ONLY)

DATE: \_\_\_\_\_