



PIMA COUNTY

POLITICAL COMMITTEE

STATEMENT OF ORGANIZATION

INITIAL REGISTRATION
 OUT OF STATE COMMITTEE
 AMENDED STATEMENT

ID #

NAME OF POLITICAL COMMITTEE			
ADDRESS		CITY	STATE ZIP
MAILING ADDRESS		CITY	STATE ZIP
COMMITTEE PHONE	COMMITTEE FAX	COMMITTEE EMAIL	

DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION?
 YES NO
 IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF SPONSORING ORGANIZATION	TYPE OF ORGANIZATION
ADDRESS OF SPONSORING ORGANIZATION	RELATIONSHIP TO POLITICAL COMMITTEE

TYPE OF POLITICAL COMMITTEE – Please check only one box:

<input type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE <input type="checkbox"/> EXPLORATORY COMMITTEE <input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES <input type="checkbox"/> COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT MEASURE (A.R.S. 16-902.01 F) <input type="checkbox"/> OTHER COMMITTEE (Please describe below) _____ _____	<input type="checkbox"/> COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF RECALL PETITION <input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION <input type="checkbox"/> COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES <input type="checkbox"/> POLITICAL ORGANIZATION (an organization that is formally affiliated with and recognized by a political party including a district committee that is organized pursuant to A.R.S. 16-823) <input type="checkbox"/> POLITICAL PARTY (only county committees of an organization that meets the requirements for recognition as a political party. A.R.S. 16-801, 16-804, 16-821, and 16-825)
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EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. 16-902 A.

COMMITTEE CHAIRMAN INFORMATION:

NAME	PHONE	EMAIL	
ADDRESS	CITY	STATE	ZIP
OCCUPATION	EMPLOYER		

COMMITTEE TREASURER INFORMATION:

NAME	PHONE	EMAIL	
ADDRESS	CITY	STATE	ZIP
OCCUPATION	EMPLOYER		

BEFORE A POLITICAL COMMITTEE ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE IT SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION, A.R.S. 16-902C. LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (DO NOT LIST ACCOUNT NUMBERS.)

FINANCIAL INSTITUTION NAME		
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FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

CANDIDATE OR DESIGNATING INDIVIDUAL'S NAME		COUNTY	
ADDRESS	CITY	STATE	ZIP
OFFICE SOUGHT	PARTY		YEAR

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. And I, the undersigned, have read all applicable laws relating to campaign finance and reporting.

DATE: _____ D/I'S OR CANDIDATE'S SIGNATURE: _____

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, 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. And we, the undersigned, have read all applicable laws relating to campaign finance and reporting.

DATE: _____ CHAIRMAN'S SIGNATURE: _____

DATE: _____ TREASURER'S SIGNATURE: _____