**Arizona Secretary of State**

**COMMITTEE STATEMENT OF ORGANIZATION**

**COMMITTEE ID NUMBER**

(office use only)

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**COMMITTEE TYPE (choose one):**

- **Candidate**

  **Committee Name (required):**
  
  (first or last name & 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):**
  
  - [ ] Governor
  - [ ] Secretary of State
  - [ ] Attorney General
  - [ ] State Treasurer
  - [ ] Superintendent of Public Instruction
  - [ ] State Mine Inspector
  - [ ] Corporation Commissioner
  - [ ] State Senate
  - [ ] State House of Representatives
  - [ ] District (required): 

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

  **Party Affiliation:**
  
  (required for partisan offices)
  
  - [ ] Democrat
  - [ ] Green
  - [ ] Libertarian
  - [ ] Republican
  - [ ] Other: 

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**Political Action Committee (PAC)**

- **Committee Name (required):**
  
  (if sponsored, must include sponsor’s name)

  **Political Function (optional):**
  
  (select any 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
  - [ ] Standing Committee (must also complete separate standing committee registration)
  - [ ] Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

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**Political Party**

- **Committee Name (required):**
  
  (must include party affiliation)

  **Jurisdiction:**
  
  - [ ] State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
  - [ ] County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
  - [ ] Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
  - [ ] City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

  **Special Status**
  
  (if applicable)
  
  - [ ] Standing Committee (must also complete separate standing committee registration)
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:**
Bank name (required): _____________________________________________
(Do not list acct numbers)
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: ______________