

- Initial Application
 - Amended Application
- Date: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

MAR 26 2024

COMMITTEE TYPE (choose one):

TOWN CLERK
TOWN OF PAYSON

Candidate

Committee Name (required):
(first or last name & office)

Jolynn Schinstock for Council

Candidate Information:

Candidate's Name (required): Jolynn Schinstock

Candidate's mailing address (required): 506 W. LOCUST RD., PAYSON, AZ 85541

Candidate's email address (required): mjschinstock@gmail.com

Candidate's phone number (required): 520-249-4079

Candidate's website (if any): _____

Office Sought (choose one):

County Office: _____ District (if applicable): _____

City/Town Office: COUNCIL District (if applicable): _____

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

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

Party Affiliation:

(required for partisan offices)

Democrat Green Libertarian Republican Other: _____

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)

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)

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STATE OF ARIZONA
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OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 506 W. LOCUST RD, PAYSON AZ 85541
Committee's email address (required): mjschinstock@gmail.com
Committee's phone number (if any): 520-249-4079
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): JOLYNN SCHINSTOCK
Chairperson's physical address (required): 506 W. LOCUST RD PAYSON AZ 85541
Chairperson's mailing address (if different): 506 W. LOCUST RD PAYSON AZ 85541
Chairperson's email address (required): mjschinstock@gmail.com
Chairperson's phone number (required): 520-249-4079
Chairperson's employer (required): CARE FEDERAL
Chairperson's occupation (required): SOFTWARE TESTER

Treasurer's Information: Treasurer's name (required): JOLYNN SCHINSTOCK
Treasurer's physical address (required): 506 W. LOCUST RD PAYSON AZ 85541
Treasurer's mailing address (if different): 506 W. LOCUST RD PAYSON AZ 85541
Treasurer's email address (required): mjschinstock@gmail.com
Treasurer's phone number (required): 520-249-4079
Treasurer's employer (required): CARE FEDERAL
Treasurer's occupation (required): SOFTWARE TESTER

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: Jolynn Schinstock Date: 3/26/24
Treasurer's signature: Jolynn Sch Date: 3/26/24
Candidate's signature (if applicable): Jolynn Sch Date: 3/26/24