

- Initial Application
- Amended Application
- Date: \_\_\_\_\_



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

18-P-01

RECEIVED

JUL 25 2018

COMMITTEE TYPE (choose one):

Candidate

TOWN CLERK  
TOWN OF PAYSON

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): \_\_\_\_\_

County Office: \_\_\_\_\_     District (if applicable): \_\_\_\_\_

City/Town Office: \_\_\_\_\_     District (if applicable): \_\_\_\_\_

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

Party Affiliation:  Democrat     Green     Libertarian     Republican     Other: \_\_\_\_\_  
(required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): FRIENDS OF PAYSON PARK + RECREATION  
(if sponsored, must include sponsor's name)

Political Function (optional):  Contributions     Candidate-Related Independent Expenditures  
(select any that apply)     Ballot Measure Expenditures     Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): FRIENDS OF PAYSON PARK + RECREATION  
(if applicable)    Sponsor's mailing address (required): 11000 N Beeline Hwy PMB 143  
Sponsor's email address (required): JRWILSON@NPG-CABLE.COM  
Sponsor's phone number (if any): 928-238-0091  
Sponsor's website (if any): FRIENDS OF PAYSON PARK + RECREATION.ORG

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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COMMITTEE ID NUMBER  
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 1000 N. SCOTLINE HWY PMB 143  
Committee's email address (required): IRWILSON@NPGSABLE.COM  
Committee's phone number (if any): 928-238-0091  
Committee's website (if any): FRIENDS OF PAYSAN PARK + RECREATION.ORG

Chairperson's Information:

Chairperson's name (required): Rory HUFF  
Chairperson's physical address (required): 145 FULLER Rd., 85541  
Chairperson's mailing address (if different): PO BOX 382 85547  
Chairperson's email address (required): Roryhuff57@YAHOO.COM  
Chairperson's phone number (required): 928-595-0136  
Chairperson's employer (required): Self  
Chairperson's occupation (required): Realtor

Treasurer's Information:

Treasurer's name (required): John Wilson  
Treasurer's physical address (required): 1005 S. CARSON CITY CIRCLE  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): IRWilson  
Treasurer's phone number (required): 928-474-8276  
Treasurer's employer (required): Self  
Treasurer's occupation (required): CPA

Bank or Financial Institution:  
(do not list acct numbers)

Bank name (required): CHASE  
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: \_\_\_\_\_

7/24/18

Treasurer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

7.24.18

Candidate's signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_