| ☐ Initial Application | |
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| ☐ Amended Application | |
| Date: | |
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STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

JUL 2 5 2018

| ☐ Candidate | TOWN CLERK TOWN OF PAYSON |
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| 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 Sou | ght (year the election will take place) (required): |
| Party Affiliation: (required for partisan offices) | □ Democrat □ Green □ Libertarian □ Republican □ Other: |
| (if sponsored, must include sponsor's name) | FRICHUS OF PAYSON PARK + RECRUPATION |
| (if sponsored, must include | FRICHOS OF PAYSON PARK + RECREATION Contributions |
| (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) | □ Contributions □ Candidate-Related Independent Expenditures □ Recall Expenditures |
| (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: | Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures Sponsor's name or pickname (required): FRIENDS OF PHSON PARK + RECR |
| (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) | FRICHUS OF PAYSON PARK + RECREATION □ Contributions □ Candidate-Related Independent Expenditures ■ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): FRICHUS OF PARK + RECRESPONSOR'S mailing address (required): 1/000 N Buling Huy PMB |
| (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: | FRICHOS OF PAYSON PARK + RECREATION □ Contributions □ Candidate-Related Independent Expenditures Mallot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): FRIENDS OF PHSON PARK + ROCK Sponsor's mailing address (required): I / 1000 N Bulling Huy PMB Sponsor's email address (required): TRUILSON ON POCABLE. COM Sponsor's phone number (if any): 928 - 238 - 0091 |
| (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: | FRICHOS OF PAYSON PARK + RECREATION □ Contributions □ Candidate-Related Independent Expenditures ■ Recall Expenditures Sponsor's name or nickname (required): FRICHOS OF PAYSON PARK + RECRESPONSOR'S mailing address (required): I / OUG N Bulins Huy PMB Sponsor's email address (required): TRULSON ON PECABLE. COM |
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| (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: | Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures Sponsor's name or nickname (required): FRIENDS OF PHSON PARK + RECRESSIONS Sponsor's email address (required): TRULSON ON PECABLE. COM Sponsor's phone number (if any): 928-238-0091 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union |
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| (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation | Contributions Candidate-Related Independent Expenditures Recall Expenditures Recall Expenditures Recall Expenditures Recall Expenditures Sponsor's name or nickname (required): FRIENDS OF PHSON PARK + RECRESSION FOR Sponsor's mailing address (required): I / 000 N Bulins May PM B Sponsor's email address (required): TRUISON DNP6-CABLE. COM Sponsor's phone number (if any): 928 - 238 - 0091 Sponsor's website (if any): FRIEND OF PAYSIN PARE + RECRESSION ON Sponsor's website (if any): FRIEND OF PAYSIN PARE + RECRESSION ON Sponsor's website (must also complete separate standing committee registration) Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) 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) |
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| ☐ √nitial Application | |
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| Amended Application | |
| Date: | |



COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

| Bank or (do not li | erson's Information: er's Information: Financial Institution: list acct numbers) | Committee's email address (required): IRWILSON & NPS SABLE, COMMITTEE'S phone number (if any): 928-238-0091 Committee's website (if any): FRIENDS OF PAYSM PARK+ RACLEMATION OF Chairperson's name (required): Rory Hoff Chairperson's physical address (required): 145 FULLER RATION OF Chairperson's mailing address (required): PO BOT 38.2 85547 Chairperson's email address (required): Rory Haros. Common Chairperson's email address (required): Resolution (required): Pas - 595 - 013 b Chairperson's occupation (required): Resolution Treasurer's name (required): Sufferent): Treasurer's mailing address (required): 1005 S, Calcon C1TY C1716 Treasurer's email address (required): TRULSON Treasurer's physical address (required): TRULSON Treasurer's employer (required): P28 - 474 - 8276 Treasurer's employer (required): P28 - 474 - 8276 Treasurer's occupation (required): PABSIC Additional bank name (ifapplicable): Additional bank name (if applicable): |
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| Bank or (do not li | er's Information: Financial Institution: | Committee's website (if any): FRISARS OF PRYSM PARK+ RECERTION OF Chairperson's name (required): Rory Hoff Chairperson's physical address (required): 145 Fours Rd., 85541 Chairperson's mailing address (if different): Po Bot 38.2 85547 Chairperson's email address (required): Rory huff 57.0 years. Communication (required): 928 - 595 - 013 b Chairperson's phone number (required): Self Chairperson's occupation (required): Persecution Treasurer's name (required): 1005 S. Calcon City Cirls Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's phone number (required): 128 - 474 - 8276 Treasurer's employer (required): 228 - 474 - 8276 Treasurer's occupation (required): 228 - 474 - 8276 Treasurer's occupation (required): 228 - 474 - 8276 Treasurer's occupation (required): 228 - 474 - 8276 Additional bank name (ifapplicable): |
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| l declare | D SIGNATURES: | |
| l declare | · · · · · · · · · · · · · · · · · · · | |
| | under nepalty of ner | rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as |
| chairpers | son or treasurer of th | ne committee named herein, if applicable; (2) designate the above-named committee as my official candidate |
| campaigi | in finance and reporti | o receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. |
| | 01 to 16-938; and (5) (es) provided herein. | agree to accept all notifications and legal service of process for campaign finance purposes via the email |
| addicast | (cs) provided herein. | ALAZIAA III. |
| Chairper | rson's signature: | Date: 7/24/18 |
| | | 11 1/1 |
| Treasure | | Manwell Date: 1-49118 |
| Candidat | er's signature: | Date: |