

Initial Application
 Amended Application
 Date: 04-13-20



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
RECEIVED 20-C-05

APR 13 2020

COMMITTEE TYPE (choose one):

TOWN CLERK
TOWN OF PAYSON

Candidate

Committee Name (required): BARBARA UNDERWOOD FOR PAYSON TOWN COUNCIL
(first or last name & office)

Candidate Information: Candidate's Name (required): BARBARA UNDERWOOD
 Candidate's mailing address (required): [REDACTED]
 Candidate's email address (required): [REDACTED]
 Candidate's phone number (required): [REDACTED]
 Candidate's website (if any): WWW.BARBFORPAYSON.COM

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

Election Cycle for Office Sought (year the election will take place) (required): 2020

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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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 1606 E. BECKY CIR. PAYSON
Committee's email address (required): BARBARA UNDERWOOD@YAHOO.COM
Committee's phone number (if any): 928-517-2272
Committee's website (if any): WWW.BARBFORPAYSON.COM

Chairperson's Information: Chairperson's name (required): JANET PARSONS
Chairperson's physical address (required): 1605 W. MESA DR PAYSON
Chairperson's mailing address (if different): _____
Chairperson's email address (required): jan@paysonjanifcourse.com
Chairperson's phone number (required): 928-978-7606
Chairperson's employer (required): Banner Health/P-T
Chairperson's occupation (required): MANAGER

Treasurer's Information: Treasurer's name (required): BARBARA UNDERWOOD
Treasurer's physical address (required): 1606 E. BECKY CIR. PAYSON
Treasurer's mailing address (if different): _____
Treasurer's email address (required): BARBARA UNDERWOOD@YAHOO.COM
Treasurer's phone number (required): 928-517-2272
Treasurer's employer (required): SELF-EMPLOYED
Treasurer's occupation (required): _____

Bank or Financial Institution: Bank name (required): WELLS FARGO BANK
(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: Janet Parsons Date: 4-13-2020

Treasurer's signature: Barbara Underwood Date: 4-13-2020

Candidate's signature (if applicable): Barbara Underwood Date: 4-13-2020