

Initial Application  
 Amended Application  
Date \_\_\_\_\_



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

21-PC-01

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

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

(required for partisan offices)

Democrat

Green

Libertarian

Republican

Other: \_\_\_\_\_

Political Action Committee (PAC)

Committee Name (required):  
(if sponsored, must include  
sponsor's name)

Transparent Payson

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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TOWN CLERK  
TOWN OF PAYSON

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



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

COMMITTEE INFORMATION

**Contact Information:**  
Committee's mailing address (required): 1422 N Sunrise Ct. Payson AZ  
Committee's email address (required): Jeffrey@JSAAI.com  
Committee's phone number (if any): (480) 628-6818  
Committee's website (if any): 114151200entPayson.com

**Chairperson's Information:**  
Chairperson's name (required): Jeffrey AAI  
Chairperson's physical address (required): 1422 N Sunrise Ct Payson  
Chairperson's mailing address (if different): Same  
Chairperson's email address (required): Jeffrey@JSAAI.com  
Chairperson's phone number (required): (480) 628 6818  
Chairperson's employer (required): SunPoint  
Chairperson's occupation (required): Insurance

**Treasurer's Information:**  
Treasurer's name (required): Carolyn Decker  
Treasurer's physical address (required): 206 N. Bronco Circle Payson 85541  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): TheVolkswagenRanch@gmail.com  
Treasurer's phone number (required): 623-688-1038  
Treasurer's employer (required): None  
Treasurer's occupation (required): Retired

**Bank or Financial Institution**  
(do not list acct numbers)  
Bank name (required): PBVA  
Additional bank name (if applicable): FINA  
Additional bank name (if applicable): FINA

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: [Signature] Date: 4/8/21  
Treasurer's signature: [Signature] Date: 4-8-2021  
Candidate's signature (if applicable): N/A Date: \_\_\_\_\_