

Initial Application
 Amended Application
Date: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

PC2018-01

RECEIVED
JAN - 4 2018

BY: EAD

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 612, Flagstaff, AZ 86002
Committee's email address (required): INFO@FLAGSTAFFNEEDSARISE.COM
Committee's phone number (if any): _____
Committee's website (if any): FLAGSTAFFNEEDSARISE.COM

Chairperson's Information: Chairperson's name (required): JIM TAYLOR
Chairperson's physical address (required): 1000 W FOREST MEADOWS ST #237
Chairperson's mailing address (if different): FLAGSTAFF, AZ 86001
Chairperson's email address (required): JIM@JIMTAYLOR.TV
Chairperson's phone number (required): 928-326-1876
Chairperson's employer (required): SELF
Chairperson's occupation (required): WRITER

Treasurer's Information: Treasurer's name (required): JOE BADER
Treasurer's physical address (required): 700 N MAGMA WAY, FLAGSTAFF, AZ 86001
Treasurer's mailing address (if different): _____
Treasurer's email address (required): JOEBADER24@GMAIL.COM
Treasurer's phone number (required): 310-613-7162
Treasurer's employer (required): RETIRED
Treasurer's occupation (required): RETIRED

Bank or Financial Institution: Bank name (required): BBVA COMPASS 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: [Signature] Date: 1/4/2018

Treasurer's signature: [Signature] Date: 1/4/2018

Candidate's signature (if applicable): [Signature] Date: _____

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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: Democrat Green Libertarian Republican Other: _____
(required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): FLAGSTAFF NEEDS A RAISE AGAINST INITIATIVE IN 2017-01
(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): _____
(if applicable) 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)