COMMITTEE TYPE (choose one):

- **Candidate**
  - Committee Name (required): ____________________________
  - 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: ____________

- **Political Action Committee (PAC)**
  - Committee Name (required): ____________________________
  - Political Function (optional):
    - □ Contributions
    - □ Candidate-Related Independent Expenditures
    - □ Ballot Measure Expenditures
    - □ Recall Expenditures
  - Sponsorship Information:
    - 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): ____________________________
  - 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)
COMMITTEE INFORMATION:

Contact Information: 
Committee’s mailing address (required): 
Committee’s email address (required): 
Committee’s phone number (if any): 
Committee’s website (if any): 

Chairperson’s Information: 
Chairperson’s name (required): 
Chairperson’s physical address (required): 
Chairperson’s mailing address (if different): 
Chairperson’s email address (required): 
Chairperson’s phone number (required): 
Chairperson’s employer (required): 
Chairperson’s occupation (required): 

Treasurer’s Information: 
Treasurer’s name (required): 
Treasurer’s physical address (required): 
Treasurer’s mailing address (if different): 
Treasurer’s email address (required): 
Treasurer’s phone number (required): 
Treasurer’s employer (required): 
Treasurer’s occupation (required): 

Bank or Financial Institution: 
Bank name (required): 
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: ____________

Treasurer’s signature: ____________________________ Date: ____________

Candidate’s signature (if applicable): ____________________________ Date: ____________