

- Initial Application
- Amended Application

DATE: _____



**COCHISE COUNTY
ELECTIONS DEPARTMENT
COMMITTEE STATEMENT
OF ORGANIZATION**

**COMMITTEE ID NUMBER
(OFFICE USE ONLY)**

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): County 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): _____
(if sponsored, must include sponsor's name)

Political Function (optional): Contributions Candidate-Related Independent Expenditures
(select any that apply) Ballot Measures 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)

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): _____
	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: (do not list acct numbers)	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: _____	Date: _____