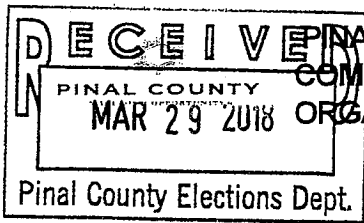


Initial Application  
 Amended Application  
 Date: 3/29/2018



COMMITTEE ID NUMBER  
 (office use only)  
C20180329

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): Scott Mckee for Superior Court Clerk  
 (first or last name & office)

Candidate Information: Candidate's Name (required): Scott Mckee  
 Candidate's mailing address (required): 725 W Carlsbad Dr. STU AZ 85140  
 Candidate's email address (required): SMckee94@yahoo.com  
 Candidate's phone number (required): 602 390 3957  
 Candidate's website (if any): \_\_\_\_\_

Office Sought (choose one):

<input checked="" type="checkbox"/> Governor	<input checked="" type="checkbox"/> Secretary of State	<input checked="" type="checkbox"/> Attorney General	<input checked="" type="checkbox"/> State Treasurer
<input checked="" type="checkbox"/> Superintendent of Public Instruction	<input checked="" type="checkbox"/> State Mine Inspector	<input checked="" type="checkbox"/> Corporation Commissioner	
<input checked="" type="checkbox"/> State Senate	<input checked="" type="checkbox"/> State House of Representatives	<input checked="" type="checkbox"/> District (required): _____	
<input checked="" type="checkbox"/> County Office: <u>Clerk</u>		<input type="checkbox"/> District (if applicable): _____	
<input type="checkbox"/> City/Town Office: _____		<input type="checkbox"/> District (if applicable): _____	

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

Party Affiliation: (required for partisan offices)

<input type="checkbox"/> Democrat	<input type="checkbox"/> Green	<input type="checkbox"/> Libertarian	<input checked="" type="checkbox"/> Republican	<input type="checkbox"/> Other: _____
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**Political Action Committee (PAC)**

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

Political Function (optional): (select any that apply)

<input type="checkbox"/> Contributions	<input type="checkbox"/> Candidate-Related Independent Expenditures
<input type="checkbox"/> Ballot Measure Expenditures	<input type="checkbox"/> 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)

<input type="checkbox"/> Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
<input type="checkbox"/> Standing Committee (must also complete separate standing committee registration)
<input type="checkbox"/> 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:

<input checked="" type="checkbox"/> State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
<input checked="" type="checkbox"/> County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
<input checked="" type="checkbox"/> Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
<input checked="" type="checkbox"/> City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable)

<input checked="" type="checkbox"/> Standing Committee (must also complete separate standing committee registration)
--

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



**PINAL COUNTY**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
CR0180329

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 725 W Carls bad dr STU AZ 85140  
 Committee's email address (required): Scott.McKee@PinalCountyClerk.com  
 Committee's phone number (if any): 602 390 3957  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Self  
 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): Self  
 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): Wells Fargo  
 (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: Scott McKee Date: 3-29-18  
 Treasurer's signature: Scott McKee Date: 3-29-18  
 Candidate's signature (if applicable): Scott McKee Date: 3-29-18