

Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
 C20170630

JUN 30 REC'D

PINAL COUNTY
 RECORDERS OFFICE

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): WILLIAM LEE GRIFFIN
 (first or last name & office)

Candidate Information: Candidate's Name (required): Wm Lee GRIFFIN

Candidate's mailing address (required): 44563 W. HIGH DESERT TRL. MARICOPA

Candidate's email address (required): WmLeeGRIFFIN3800@GMAIL.COM 85139

Candidate's phone number (required): 520-840-2612

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: CONSTABLE District (if applicable): 11

City/Town Office: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2018

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

Political Action Committee (PAC)

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

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): DNA
 (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: DVA

Contact Information:
 Committee's mailing address (required): 44563 W HIGH DESERT TRL. MARICOPA 85139
 Committee's email address (required): WmLeeGriffin390@gmail.com
 Committee's phone number (if any): 520-840-2612
 Committee's website (if any): _____

Chairperson's Information:
 Chairperson's name (required): WILLIAM LEE GRIFFIN
 Chairperson's physical address (required): 44563 W HIGH DESERT TRL. MARICOPA 85139
 Chairperson's mailing address (if different): SAME
 Chairperson's email address (required): WMLLEEGRIFIN390@gmail.com
 Chairperson's phone number (required): 520-840-2612
 Chairperson's employer (required): RETIRED
 Chairperson's occupation (required): LAW ENFORCEMENT

Treasurer's Information:
 Treasurer's name (required): WILLIAM LEE GRIFFIN
 Treasurer's physical address (required): 44563 W HIGH DESERT TRL. MARICOPA 85139
 Treasurer's mailing address (if different): SAME
 Treasurer's email address (required): WMLLEEGRIFIN390@gmail.com
 Treasurer's phone number (required): 520-840-2612
 Treasurer's employer (required): RETIRED
 Treasurer's occupation (required): LAW ENFORCEMENT

Bank or Financial Institution:
 Bank name (required): CHASE
 (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: 6/30/17
 Treasurer's signature: [Signature] Date: 6/30/17
 Candidate's signature (if applicable): [Signature] Date: 6/30/17