

Initial Application
 Amended Application
 Date: _____



**PINAL COUNTY
 COMMITTEE STATEMENT
 OF ORGANIZATION**

RECEIVED
 APR 12 2019

Pinal County Elections Dept.

COMMITTEE ID NUMBER
 (office use only)
 0020190421

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: (required for partisan offices)

Democrat Green Libertarian Republican Other: _____

Political Action Committee (PAC)

Committee Name (required): _____
 (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): PINAL COUNTY LIBERTARIAN PARTY
 (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)

**PINAL COUNTY
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

PP2019040

Initial Application
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Date: _____



COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 10321 E LIND RD, STV A2
Committee's email address (required): WORD5 n STUFF @ YAHOO.COM
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): THOMAS L. DEATON
Chairperson's physical address (required): 10321 ELIND RD, STV A2
Chairperson's mailing address (if different): _____
Chairperson's email address (required): TOM.DEATON @ MIMON.COM
Chairperson's phone number (required): 602 303 2712
Chairperson's employer (required): MIMON PRECISION INC
Chairperson's occupation (required): ENGINEER

Treasurer's Information: Treasurer's name (required): Coleen Payne
Treasurer's physical address (required): 9469E Twin Spurs Ln Florence, AZ 85132
Treasurer's mailing address (if different): _____
Treasurer's email address (required): coleenpayne5@gmail.com
Treasurer's phone number (required): 480-399-8198
Treasurer's employer (required): none
Treasurer's occupation (required): none

Bank or Financial Institution: Bank name (required): BBVA COMPASS
(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: _____ Date: 3/22/19

Treasurer's signature: _____ Date: 3/22/19

Candidate's signature (if applicable): _____ Date: _____