

Initial Application  
 Amended Application  
 Date: 8/10/2017



**STATE OF ARIZONA**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
**PA** C20170810

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:  Democrat     Green     Libertarian     Republican     Other: \_\_\_\_\_  
 (required for partisan offices)

**Political Action Committee (PAC)**

Committee Name (required): Voters Incensed about Lying to Electeds (VILE): No on Attesa  
 (if sponsored, must include sponsor's name)

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

**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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**PAC20170810**

COMMITTEE INFORMATION:

**Contact Information:**  
 Committee's mailing address (required): 42543 West Avella Drive Maricopa, AZ 85138  
 Committee's email address (required): Marykimball77@gmail.com  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:**  
 Chairperson's name (required): Claude Peter Miller  
 Chairperson's physical address (required): 41937 West Hall Court Maricopa, AZ 85138  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): Petermiller57@gmail.com  
 Chairperson's phone number (required): (602) 625-4598  
 Chairperson's employer (required): self employed  
 Chairperson's occupation (required): Professional Race Car Driver

**Treasurer's Information:**  
 Treasurer's name (required): Mary Carolyn Kimball  
 Treasurer's physical address (required): 42543 West Avella Drive Maricopa, AZ 85138  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): Marykimball77@gmail.com  
 Treasurer's phone number (required): (480) 710-1833  
 Treasurer's employer (required): Legacy Montessori School, Maricopa  
 Treasurer's occupation (required): Teacher

**Bank or Financial Institution:**  
 (do not list acct numbers)  
 Bank name (required): Pinal County Federal Credit Union  
 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: 8-1-17

Treasurer's signature: [Signature] Date: 7/31/2017

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

