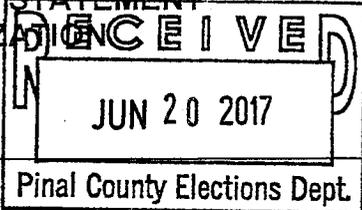


Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
 C20170620



COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): MORRISON FOR CONSTABLE
 (first or last name & office)

Candidate Information: Candidate's Name (required): GLEN MORRISON

Candidate's mailing address (required): 22115 N. O'SULLIVAN DR., MARICOPA, AZ 85138

Candidate's email address (required): _____

Candidate's phone number (required): 520-431-5995

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): #7

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): _____
 (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): _____
 (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)

Initial Application
 Amended Application
Date: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 22115 W. DUKULIAN DR. MARICOPA, AZ 85138
Committee's email address (required): GLEN@AZMORRISON.COM
Committee's phone number (if any): 520.431.5995
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): GLEN MORRISON
Chairperson's physical address (required): 22115 W. DUKULIAN DR. MARICOPA, AZ 85138
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): BOFA
(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: 6/20/17
Treasurer's signature: _____ Date: 6/20/17
Candidate's signature (if applicable): _____ Date: 6/20/17

Registrant Information Card

Registrant # 1200196957

MORRISON, GLENN ALAN

22115 N OSULLIVAN DR
MARICOPA, AZ 85138

Status ACTIVE

Status Reason VALID REGISTRATION

Registration Date 08/14/2009

How Reg MOTOR VEHICLE OFFIC

MAILING ADDRESS

Precinct 74.02

Birth Date 09/24/1959

Party REPUBLICAN

Reg Source MOTOR VEHICLE OFFICE

Voter Needs Assistance

Poll Worker Interest?

Id Card Print Code

Optional Field 3

Parent Name

Occupation

Tribal ID #

Alien Registration #

Batch ID# 8593042

Optional Field 9

Signature of Voter

Registrant Receipt

Registrant # 1200196957

MORRISON, GLENN ALAN

22115 N OSULLIVAN DR
MARICOPA, AZ 85138

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