Candidate

Committee Name (required): Morrison for Constable
Candidate Name (required): Geri L. Morrison
Candidate’s mailing address (required): 2215 N. O'Sullivan Dr., Marana, AZ 85623
Candidate’s email address (required):
Candidate’s phone number (required): 520-481-5975
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:
- Democrat
- Green
- Libertarian
- Republican
- Other:

Political Action Committee (PAC)

Committee Name (required):
(If sponsored, must include sponsor's name)
Political Function (optional):
- Contributions
- Candidate-Related Independent Expenditures
- Ballot Measure Expenditures
- Recall Expenditures
Sponsorship Information:
(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:
- 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:
- Standing Committee (must also complete separate standing committee registration)
COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): 2211 S. 15TH STREET, PHOENIX, AZ 85004
Committee's email address (required): GLENN.AZ.COMMISSION.COM
Committee's phone number (if any): 602.431.5975
Committee's website (if any):

Chairperson's Information:
Chairperson's name (required): GLENN MORRISON
Chairperson's physical address (required): 2211 S. 15TH STREET, PHOENIX, AZ 85004
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
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. §§ 16-601 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 OFFICE

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
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22115 N OSULLIVAN DR
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Signature of Voter