

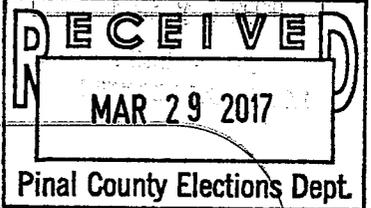
- Initial Application
  - Amended Application
- Date: \_\_\_\_\_



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

PAC 20170329



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): San Tan Valley Right to Vote  
(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): 530 E Hunt Hwy #103-262 San Tan Valley 85143  
Committee's email address (required): support@santanvalley.com  
Committee's phone number (if any): (480) 269-2708  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Tisha Castillo  
Chairperson's physical address (required): 530 E Hunt Hwy #103-262 San Tan Valley 85143  
Chairperson's mailing address (if different): same  
Chairperson's email address (required): my2cents@tishacastillo.com  
Chairperson's phone number (required): (480) 269-2708  
Chairperson's employer (required): Self Employed  
Chairperson's occupation (required): Business Services

**Treasurer's Information:** Treasurer's name (required): Vickigene Howard  
Treasurer's physical address (required): 31166 N Cheyenne Drive San Tan Valley 85143  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): vickigene@gmail.com  
Treasurer's phone number (required): (480) 540-8112  
Treasurer's employer (required): N/A  
Treasurer's occupation (required): N/A

**Bank or Financial Institution:** Bank name (required): Pinal County Federal Credit Union  
(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: 03/23/2017

Treasurer's signature: Vickigene Howard Date: 03/23/2017

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