

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

S17-0002

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): County Office: _____
 District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): _____

Party Affiliation: (required for partisan offices) Democrat Republican Other: _____

Political Action Committee (PAC)

Committee Name (required): Supporters for A Throwing CCC
 (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)

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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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): _____
Committee's email address (required): info@THRIVINGccc.com
Committee's phone number (if any): _____
Committee's website (if any): WWW.THRIVINGccc.com

FLAGSTAFF
AZ
86001

CO - Chairperson's Information: Chairperson's name (required): SUSAN GARRETSON
Chairperson's physical address (required): _____
Chairperson's mailing address (if different): _____
Chairperson's email address (required): _____
Chairperson's phone number (required): _____
Chairperson's employer (required): RETIRED
Chairperson's occupation (required): _____

FLAGSTAFF
AZ
86001

Treasurer's Information: Treasurer's name (required): Gail D Lowe
Treasurer's physical address (required): _____
Treasurer's mailing address (if different): _____
Treasurer's email address (required): info@thrivingccc.com
Treasurer's phone number (required): _____
Treasurer's employer (required): _____
Treasurer's occupation (required): _____

Flagstaff 86001

Bank or Financial Institution: Bank name (required): National Bank of Arizona
(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.

CO - Chairperson's signature: Susan G Garretson Date: 10/12/17

Treasurer's signature: Gail D Lowe Date: 10/12/17

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

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COMMITTEE ID NUMBER
 (office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): _____
 Committee's email address (required): info@thrivingccc.com ^{Flagstaff AZ 86001}
 Committee's phone number (if any): _____
 Committee's website (if any): WWW.THRIVINGCCC.COM

Chairperson's Information: Chairperson's name (required): MANDY R. METZGER
 Chairperson's physical address (required): _____ ^{Flagstaff}
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): _____
 Chairperson's phone number (required): _____
 Chairperson's employer (required): NA
 Chairperson's occupation (required): SMALL BUSINESS PERSON

Treasurer's Information: Treasurer's name (required): PAUL T. LOWE
 Treasurer's physical address (required): _____ ^{Flagstaff 86001}
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): info@thrivingccc.com
 Treasurer's phone number (required): _____
 Treasurer's employer (required): _____
 Treasurer's occupation (required): _____

Bank or Financial Institution: Bank name (required): National Bank of Arizona
 (do not list acct numbers) Additional bank name (if applicable): _____
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Chairperson's signature: _____ Mandy R Metzger Date: 10.12.17
Treasurer's signature: _____ Paul T Lowe Date: 10/12/17
Candidate's signature (if applicable): _____ Date: _____