



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

23-004

Initial Application
 Amended Application
Date: 5-31-2023

RECEIVED
MAY 31 2023
BY: da

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Axlund For Sheriff
(first or last name & office)

Candidate Information: Candidate's Name (required): Bret Axlund
Candidate's mailing address (required): [REDACTED]
Candidate's email address (required): info@axlundforsheriff.com
Candidate's phone number (required): (928) 316-6997
Candidate's website (if any): www.axlundforsheriff.com

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: Sheriff District (if applicable): _____
 City/Town Office: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2024

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

Political Action Committee (PAC)

Committee Name (required): _____
(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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Date: _____

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): _____
 Committee's email address (required): info@axlundforsheriff.com
 Committee's phone number (if any): (928) 316-6997
 Committee's website (if any): www.axlundforsheriff.com

Chairperson's Information: Chairperson's name (required): Bret Axlund
 Chairperson's physical address (required): _____
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): info@axlundforsheriff.com
 Chairperson's phone number (required): (928) 316-6997
 Chairperson's employer (required): Coconino County
 Chairperson's occupation (required): Chief Deputy Sheriff

Treasurer's Information: Treasurer's name (required): Bret Axlund
 Treasurer's physical address (required): _____
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): info@axlundforsheriff.com
 Treasurer's phone number (required): (928) 316-6997
 Treasurer's employer (required): Coconino County
 Treasurer's occupation (required): Chief Deputy Sheriff

Bank or Financial Institution: Bank name (required): Wells Fargo
 (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: Bret Axlund Date: 5/30/23

Treasurer's signature: Bret Axlund Date: 5/30/23

Candidate's signature (if applicable): Bret Axlund Date: 5/30/23