

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



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
 18-NP-008

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): Committee to Elect Jim Dolan  
 (first or last name & office)

Candidate Information: Candidate's Name (required): Jim Dolan  
 Candidate's mailing address (required): \_\_\_\_\_, LHC AZ 86406  
 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: La Jolla Village City  District (if applicable): \_\_\_\_\_  
Council member

Election Cycle for Office Sought (year the election will take place) (required): 2018

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

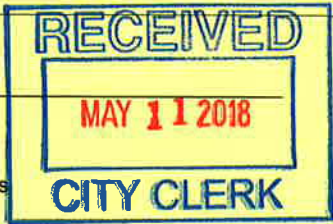
**Political Action Committee (PAC)**

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): Committee to Elect Jim Dolan  
 (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): \_\_\_\_\_, LHC A2 86403  
Committee's email address (required): \_\_\_\_\_  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

### Chairperson's Information:

Chairperson's name (required): Jim Nolan  
Chairperson's physical address (required): \_\_\_\_\_, LHC A2 86403  
Chairperson's mailing address (if different): \_\_\_\_\_, LHC A2 86403  
Chairperson's email address (required): \_\_\_\_\_  
Chairperson's phone number (required): \_\_\_\_\_  
Chairperson's employer (required): Campbell Cove 1-Stop  
Chairperson's occupation (required): Store Owner

### Treasurer's Information:

Treasurer's name (required): Michael G. Boney  
Treasurer's physical address (required): \_\_\_\_\_, LHC A2 86403  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): \_\_\_\_\_  
Treasurer's phone number (required): \_\_\_\_\_  
Treasurer's employer (required): GDK CPA LLC  
Treasurer's occupation (required): Accountant

### Bank or Financial Institution: (do not list acct numbers)

Bank name (required): Wells Fargo Bank  
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: 5-11-18

Treasurer's signature: \_\_\_\_\_ Date: 5/11/18

Candidate's signature (if applicable): \_\_\_\_\_ Date: 5-11-18

