



STATE OF ARIZONA COMMITTEE STATEMENCE OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):

2 11) L (Gloose one).	CITY CLERK
Candidate Committee Name (required): (first or last name & office)	Morgan Braden for LHC Council Candidate's Name (required): Richard Morgan Braden
	Candidate's mailing address (required):
	Candidate's email address (required):
	Candidate's phone number (required):
	Candidate's website (if any): <u>Mo rgan braden.com</u>
Office Sought (choose one):	County Office: District (if applicable):
	ACity/Town Office: City Council District (if applicable):
	☐ School Board Office: ☐ District (if applicable):
	☐ Special District Board: ☐ ☐District (if applicable): ☐
Election Cycle for Office Soug	tht (year the election will take place) (required): 2022
	□ Democrat □ Green □ Libertarian □ Republican □ Other:
	(a):
☐ Political Action Comm	nittee (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):
	Oportion 3 Website (if arry).
•	☐ 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)	
	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
	☐ 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)
(must include party affiliation) Jurisdiction: Special Status (if applicable)	☐ 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)
Jurisdiction: Special Status	☐ 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)





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COMMITTEE INFORMATION:

Control Information	Committee's mailing address (required):
Contact Information:	Sommittee of maining access (require).
	Committee's email address (required):
	Committee's phone number (if any):
	Committee's website (if any): morganbraden.com
Chairperson's Information.	Chairpersur's name (required): R: Chard Morgan Braden
	Chairperson's physical address (required):
	Chairperson's mailing address (if different):
ŷ.	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required): Self employed
	Chairperson's occupation (required): Business owner
Treasurer's Information:	Treasurer's name (required): Davene Braden
	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):refired
	Treasurer's occupation (required): +ravel agent \$
Bank or Financial Institution:	Bank name (required): Hor'zon Community Bank
(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 Treasurer's signature: Candidate's signature (if applicable):

