

Initial Application
 Amended Application
 Date: 4/30/18



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
CAN2018-10

MESA CITY CLERK

2018 APR 30 AM 9:47

COMMITTEE TYPE (choose one):

Candidate
 Committee Name (required): BOWN FOR COUNCIL
 (first or last name & office)

Candidate Information:
 Candidate's Name (required): CHRISTOPHER BOWN
 Candidate's mailing address (required): 3027 S. PENNINGTON
 Candidate's email address (required): BOWNFORCOUNCIL@GMAIL.COM
 Candidate's phone number (required): (480) 720-8629
 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: COUNCIL MEMBER
 District (if applicable): 3

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
 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): _____

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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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 3077 S. PENNINGTON
Committee's email address (required): BOWNFORCOUNCIL@GMAIL.COM
Committee's phone number (if any): (480) 720-8629
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): QUEEN EAGLEHOUSE
Chairperson's physical address (required): 3077 S. PENNINGTON
Chairperson's mailing address (if different): _____
Chairperson's email address (required): BOWNFORCOUNCIL@GMAIL.COM
Chairperson's phone number (required): (602) 498-0012
Chairperson's employer (required): AVID CORP
Chairperson's occupation (required): SALES & SUPPORT MANAGER

Treasurer's Information: Treasurer's name (required): CHRISTOPHER BOWN
Treasurer's physical address (required): 3077 S. PENNINGTON
Treasurer's mailing address (if different): _____
Treasurer's email address (required): BOWNFORCOUNCIL@GMAIL.COM
Treasurer's phone number (required): (480) 720-8629
Treasurer's employer (required): COMMERCIAL PROPERTIES, INC.
Treasurer's occupation (required): CONTROLLER

Bank or Financial Institution: Bank name (required): CHASE 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: [Signature] Date: 4.30.18

Treasurer's signature: [Signature] Date: 4/30/18

Candidate's signature (if applicable): [Signature] Date: 4/30/18