

Initial Application
 Amended Application
Date: 01-10-2018



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

CAN2018-04

COMMITTEE TYPE (choose one):

Candidate

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

Jen Duff 4 Mesa

Candidate Information:

Candidate's Name (required):

Jen Duff

Candidate's mailing address (required):

P.O. Box 1484, Mesa, AZ 85211

Candidate's email address (required):

jen@jenduff4mesa.com

Candidate's phone number (required):

602-524-9852

Candidate's website (if any):

www.jenduff4mesa.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: _____ District (if applicable): _____

City/Town Office: Mesa District (if applicable): 4

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

2018

Party Affiliation:

(required for partisan offices)

Democrat Green Libertarian Republican Other: _____

Political Action Committee (PAC)

Committee Name (required):
(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)
 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): P.O. Box 1484, Mesa, AZ 85211
Committee's email address (required): info@jenduff4mesa.com
Committee's phone number (if any): 602-524-9852
Committee's website (if any): www.jenduff4mesa.com

Chairperson's Information:

Chairperson's name (required): Whitney Walker
Chairperson's physical address (required): 1121 N 44th Street Unit 1003, Phoenix AZ 85008
Chairperson's mailing address (if different): _____
Chairperson's email address (required): whitwalk9@gmail.com
Chairperson's phone number (required): 757-593-4328
Chairperson's employer (required): CVS Health
Chairperson's occupation (required): Regulatory Affairs Advisor

Treasurer's Information:

Treasurer's name (required): DJ Reed
Treasurer's physical address (required): 3405 S Tomahawk Rd, Apache Junction
Treasurer's mailing address (if different): P.O. Box 52949, Mesa, AZ 85206 AZ 85119
Treasurer's email address (required): djm.dreed@gmail.com
Treasurer's phone number (required): 602-828-2626
Treasurer's employer (required): Self
Treasurer's occupation (required): Bookkeeper

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

Bank name (required): Gateway 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: Whitney Walker Date: 12/16/2017
Treasurer's signature: DJ Reed Date: 12/26/17
Candidate's signature (if applicable): Kim Duff Date: 12/26/17

2018 JAN 10 PM 1:20
MESA CITY CLERK