

## STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

## COMMITTEE TYPE (choose one):

| Candidate  |   |
|--|---|
| Committee Name (requin<br>(first or last name & offic                    |   |
| Candidate Information:   | Candidate's Name (required):  |
|  | Candidate's mailing address (required):   |
|  | Candidate's email address (required):   |
|  | Candidate's phone number (required):  |
|  | Candidate's website (if any):   |
| Office Sought (choose o  |   |
| Chice Sought (choose o   | □ Superintendent of Public Instruction □ State Mine Inspector □ Corporation Commissione   |
|  | □ State Senate □ State House of Representatives □ District (required):  |
|  | County Office: District (if applicable):  |
|  | City/Town Office:  District (if applicable):  |
| Election Cycle for Office  | Sought (year the election will take place) (required):  |
| Party Affiliation:<br>(required for partisan off                         | □ Democrat □ Green □ Libertarian □ Republican □ Other:<br>fices)  |
|  |   |
| C Political Action   |   |
| Committee Name (requir<br>(if sponsored, must inclusions sponsor's name) | ude Umiloa For Mera   |
| Political Function (option   | nal): Contributions Candidate-Related Independent Expenditures  |
| (select any that apply)  | Ballot Measure Expenditures   |
| Sponsorship Information  | n: 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   | Separate Segregated Fund of a Corporation, LLC, Partnership, or Union   |
| (if applicable)  | □ 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  |   |
|  | ired):  |
| Committee Name (requi<br>(must include party affili                      |   |
| 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)  |
|  | <ul> <li>Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)</li> <li>City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)</li> </ul> |
| Special Status<br>(if applicable)  | □ Standing Committee (must also complete separate standing committee registration)  |

Arizona Secretary of State Revision 11/5/16

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



## STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE INFORMATION:

| ( | Contact Information  | Committee's mailing address (required): 4616 E. Indian School Pd #480<br>Committee's email address (required): YK 2100 Specored Financial PHX, A 2 5016   |
|---|--|---|
|   | Chairperson's Information:                                   | Committee's phone number (if any): Committee's website (if any):<br>Committee's website (if any):<br>Chairperson's name (required): Thomas Leoph Brown Th   |
|   |  | Chairperson's physical address (required): 652 N Ontrage, Mesa A2 8520 (<br>Chairperson's mailing address (if different): <u>Same</u>   |
|   |  | Chairperson's email address (required): Thomas & Brown Sn.d. (FMALL 2007)<br>Chairperson's phone number (required): (480) 262 - 7653<br>Chairperson's employer (required): Copper Canyon Law                            |
|   | Treasurer's Information:                                     | Chairperson's occupation (required): Attorney<br>Treasurer's name (required): YOUSSEF KHALAF  |
|   |  | Treasurer's physical address (required): <u>4584 E. Ruffian Rol Gilbert</u><br>Treasurer's mailing address (if different): <u>A285297</u><br>Treasurer's email address (required): <u>VKD 100 Squared Financial COM</u> |
|   |  | Treasurer's phone number (required): (480) 203-6798<br>Treasurer's employer (required): The Collectine Croup  |
|   | Bank or Financial Institution:<br>(do not list acct numbers) | Treasurer's occupation (required): <u>Partner</u><br>Bank name (required): <u>Republic Bank of Amizona</u><br>Additional bank name (if applicable):   |
| 1 |  | 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.

Date: 3/2/202 Chairperson's signature: Date: 3/2/2024 3 Treasurer's signature: Candidate's signature (if applicable): \_\_\_\_ Date:

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