

Initial Application  
 Amended Application  
 Date: 04/18/2018



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION

COMMITTEE ID NUMBER  
 (office use only)  
PAC 2018-01

MESA CITY CLERK  
 2018 APR 18 AM 9:42

COMMITTEE TYPE (choose one):

Candidate

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

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 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: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

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

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

Political Action Committee (PAC)

Committee Name (required): YES FOR PUBLIC SAFETY  
 (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): DALE LROGAN  
 (if applicable) Sponsor's mailing address (required): PO BOX 848 MESA AZ 85211  
 Sponsor's email address (required): DLROGAN@UNITEDMESAFF.COM  
 Sponsor's phone number (if any): (602) 571-9491  
 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

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:  Standing Committee (must also complete separate standing committee registration)  
 (if applicable)



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**COMMITTEE INFORMATION:**

**Contact Information:** Committee's mailing address (required): PO BOX 848 MESA, AZ 85211  
 Committee's email address (required): DLROGAN@UNITEOMESAFF.COM  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): DALE CROGAN  
 Chairperson's physical address (required): 1005 W LORONADO PKY AZ 85007  
 Chairperson's mailing address (if different): PO BOX 848 MESA, AZ 85211  
 Chairperson's email address (required): DLROGAN@UNITEOMESAFF.COM  
 Chairperson's phone number (required): (602) 571-9491  
 Chairperson's employer (required): CITY OF MESA  
 Chairperson's occupation (required): FIREFIGHTER

**Treasurer's Information:** Treasurer's name (required): WILL LAMOND  
 Treasurer's physical address (required): 2080 E GREENWAY DR TEMPE AZ 85288  
 Treasurer's mailing address (if different): PO BOX 848 MESA AZ 85211  
 Treasurer's email address (required): WLAMOND@UNITEOMESAFF.COM  
 Treasurer's phone number (required): (480) 600-7455  
 Treasurer's employer (required): CITY OF MESA  
 Treasurer's occupation (required): FIREFIGHTER

**Bank or Financial Institution:** Bank name (required): FIREFIGHTERS FIRST F.C.U.  
 (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: Dale Crogan Date: 4/17/18  
 Treasurer's signature: Will Lamond Date: 4-17-2018  
 Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_