

Initial Application
 Amended Application
 Date: 5-16-2018



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

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

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: (required for partisan offices)

Democrat Green Libertarian Republican Other: _____

2018 MAY 17 PM 5:34
 MESA CITY CLERK

Political Action Committee (PAC)

Committee Name (required): YES FOR MESA PUBLIC SAFETY - SPONSORED BY UNITED MESA FIRE FIGHTERS AND MESA POLICE ASSOCIATION
 (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): Dale Crogan

Sponsor's mailing address (required): PO Box 848, Mesa, AZ 85211

Sponsor's email address (required): DCrogan@unitedmesaff.com

Sponsor's phone number (if any): (602) 571-9491

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)

Initial Application
 Amended Application
Date: 5-16-2018



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): P.O. Box 848, Mesa, AZ, 85211
Committee's email address (required): Dcrogan@unitedmesaff.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 West Coronado, Phoenix, AZ 85007
Chairperson's mailing address (if different): P.O. Box 848, Mesa, AZ, 85211
Chairperson's email address (required): Dcrogan@unitedmesaff.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): 2090 East Greenway Drive, Tempe, AZ 85282
Treasurer's mailing address (if different): P.O. Box 848, Mesa, AZ 85211
Treasurer's email address (required): W.Lamond@unitedmesaff.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): Fire Fighters First Credit Union
(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: 5-16-2018

Treasurer's signature: [Signature] Date: 5-16-2018

Candidate's signature (if applicable): _____ Date: _____