

Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
PAC 2022-03

2021 DEC 13 PM 3:54

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): MESA CITIZENS FOR PUBLIC SAFETY (SPONSORED BY UNITED MESA FIRE FIGHTERS)
 (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): UNITED MESA FIRE FIGHTERS (IAFF LOCAL 2260)
 (if applicable) Sponsor's mailing address (required): 52 S. CENTER ST., MESA AZ 85210
 Sponsor's email address (required): UMFF2260SECRETARY@GMAIL.COM
 Sponsor's phone number (if any): _____
 Sponsor's website (if any): UNITEDMESAFF.COM

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): 52 S. Center Mesa AZ 85210
Committee's email address (required): mesacitizens4publicsafety@gmail.com
Committee's phone number (if any): 602-277-1500
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): TY PERKINS
Chairperson's physical address (required): 4225 E. Downing Mesa 85205
Chairperson's mailing address (if different): same
Chairperson's email address (required): Perkshotrods@yahoo.com
Chairperson's phone number (required): 602-809-8866
Chairperson's employer (required): retired
Chairperson's occupation (required): retired

Treasurer's Information:
Treasurer's name (required): THERESA A. CARMICHAEL
Treasurer's physical address (required): 421 E. UNIVERSITY DR MESA 85203
Treasurer's mailing address (if different): SAME
Treasurer's email address (required): CPA@TCCPA.COM
Treasurer's phone number (required): 480 649-9550
Treasurer's employer (required): T. CARMICHAEL, PC
Treasurer's occupation (required): CPA

Bank or Financial Institution:
(do not list acct numbers) Bank name (required): FIRST FIDELITY 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: [Signature] Date: 12-1-2021

Treasurer's signature: Theresa A. Carmichael Date: 12-6-2021

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