

Initial Application
 Amended Application
Date: 7/28/17



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
CAN2022-01

COMMITTEE TYPE (choose one):

Candidate

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

Somers For a Better Mesa

Candidate Information:

Candidate's Name (required):

Scott Somers

Candidate's mailing address (required):

2522 South Essex

Candidate's email address (required):

SSOMERSE@AZ.UT

Candidate's phone number (required):

480-924-2522

Candidate's website (if any):

N/A

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): 6

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

2022

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)

Initial Application
 Amended Application
Date: 06/28/17



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
CAN2022-01

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 2322 South Essex, Mesa 85209
Committee's email address (required): ssomers2.com.net
Committee's phone number (if any): 480.924.2822
Committee's website (if any): N/A

Chairperson's Information: Chairperson's name (required): Scott Somers
Chairperson's physical address (required): SA
Chairperson's mailing address (if different): SA
Chairperson's email address (required): SA
Chairperson's phone number (required): SA
Chairperson's employer (required): Phoenix Fire Dept
Chairperson's occupation (required): Fire Engineer

Treasurer's Information: Treasurer's name (required): SA
Treasurer's physical address (required): SA
Treasurer's mailing address (if different): SA
Treasurer's email address (required): SA
Treasurer's phone number (required): SA
Treasurer's employer (required): SA
Treasurer's occupation (required): SA

Bank or Financial Institution: Bank name (required): Chase Bank
(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: dm 6/28/17

Treasurer's signature: _____ Date: _____

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