

Initial Application
 Amended Application
Date: 2/1/2022



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION **MESA CITY CLERK**

COMMITTEE ID NUMBER
(office use only)
CAN 2022-01

2022 FEB -1 PM 3:46

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information:

Candidate's Name (required): SCOTT SOMERS
Candidate's mailing address (required): 10157 E. PALLADIUM 85212
Candidate's email address (required): SSOMERS@COX.NET
Candidate's phone number (required): 602-290-2522
Candidate's website (if any): SOMERSFORMESA.COM

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): _____

Election Cycle for Office Sought (year the election will take place) (required): 2022

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

Political Action Committee (PAC)

Committee Name (required): _____
(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:

(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: 2/1/2022



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
CAN 2022-01

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): 10157 E. PALLADIUM 85212
Committee's email address (required): SSOMERS@COX.NET
Committee's phone number (if any): 602-290-2522
Committee's website (if any): SOMERSFORMESA.COM

Chairperson's Information:
Chairperson's name (required): SCOTT SOMERS
Chairperson's physical address (required): SAME AS ABOVE
Chairperson's mailing address (if different): ✓
Chairperson's email address (required): ✓
Chairperson's phone number (required): ✓
Chairperson's employer (required): PHOENIX FIRE DEPT.
Chairperson's occupation (required): FIRE FIGHTER

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@TECPA.COM
Treasurer's phone number (required): 480 649-9550
Treasurer's employer (required): T. CARMICHAEL, P.C.
Treasurer's occupation (required): CPA

Bank or Financial Institution:
(do not list acct numbers) Bank name (required): FIRST FIDELITY
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: X Scott Somers Date: X 2/1/2022

Treasurer's signature: Theresa A. Carmichael Date: 2/1/2022

Candidate's signature (if applicable): X Scott Somers Date: X 2/1/2022