

Initial Application
 Amended Application
Date: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

PC2017-05

RECEIVED
OCT 6 2017
BY: *E. Brown*

RECEIVED
AUG 31 2017
BY: *E. Brown*

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):
(if sponsored, must include
sponsor's name)

yes on park flagstaff

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): *Charles Hammersley*
Sponsor's mailing address (required): *219 S. DUNNAM ST*
Sponsor's email address (required): *charles.hammersleyAZ@gmail.com*
Sponsor's phone number (if any): *928 266 5453*
Sponsor's website (if any): *yes on parks flagstaff.org*

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): 2600 E. 7th St #29, Flagstaff AZ 86001
 Committee's email address (required): yesonparksflagstaff@gmail.com
 Committee's phone number (if any): _____
 Committee's website (if any): yesonparksflagstaff.org

Chairperson's Information:
 Chairperson's name (required): Charles Hammersley
 Chairperson's physical address (required): 219 S. DUNNAM ST Flagstaff AZ 86001
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): charles.hammersleyaz@gmail.com
 Chairperson's phone number (required): 928 266 5453
 Chairperson's employer (required): NAU
 Chairperson's occupation (required): Professor

Treasurer's Information:
 Treasurer's name (required): JAN BLACKMAN
 Treasurer's physical address (required): 4615 S. LANCE
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): jan@hzmzlaw.com
 Treasurer's phone number (required): 928 607 5128
 Treasurer's employer (required): Hufford, Hoastman, Monivetal
 Treasurer's occupation (required): PARA legal

Bank or Financial Institution:
 Bank name (required): ONE AZ 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: Charles Hammersley Date: 8/31/17
 Treasurer's signature: Jan Blackman Date: 8-31-17
 Candidate's signature (if applicable): _____ Date: _____