



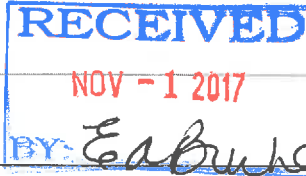
**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

CC2017-08

- Initial Application
 Amended Application
Date: _____

COMMITTEE TYPE (choose one):



Candidate

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

Candidate Information:

Candidate's Name (required): Arthur Collum
Candidate's mailing address (required): 2000 E Frontier # 34
Candidate's email address (required): artcollum@gmail.com
Candidate's phone number (required): 928-853-0780
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: Council District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2018

Party Affiliation:
(required for partisan offices)

- Democrat Green Libertarian Republican Other: PND

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: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 2000 Frontier #34 Flg, AZ 86005
Committee's email address (required): artcollum@gmail.com
Committee's phone number (if any): 928-853-0780
Committee's website (if any): NA

Chairperson's Information: Chairperson's name (required): Arthur Collum
Chairperson's physical address (required): 2000 Frontier #34 Flg, AZ 86005
Chairperson's mailing address (if different): Same.
Chairperson's email address (required): artcollum@gmail.com
Chairperson's phone number (required): 928-853-0780
Chairperson's employer (required): Unemployed
Chairperson's occupation (required): Manager

Treasurer's Information: Treasurer's name (required): Arthur Collum
Treasurer's physical address (required): 2000 Frontier #34 Flg, AZ, 86005
Treasurer's mailing address (if different): Same.
Treasurer's email address (required): artcollum@gmail.com
Treasurer's phone number (required): 928 853-0780
Treasurer's employer (required): unemployed
Treasurer's occupation (required): manager

Bank or Financial Institution: Bank name (required): Wells Fargo
(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: AB Collum Date: 11-1-17
Treasurer's signature: AB Collum Date: 11-1-17
Candidate's signature (if applicable): AB Collum Date: 11-1-17