

Initial Application
 Amended Application
Date: _____

RECEIVED
SEP 14 2021
BY: [Signature]



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)
CC2017-09

COMMITTEE TYPE (choose one):

Candidate

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

Austin Aslan for Flagstaff City Council

Candidate Information:

Candidate's Name (required): Austin Aslan

Candidate's mailing address (required): 5196 S. Opal Rd Flag AZ 86005

Candidate's email address (required): ~~_____~~ (Austin Aslan for Flagstaff@gmail.com)

Candidate's phone number (required): 928-707-4106

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: Councilmember District (if applicable): _____

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

Party Affiliation:
(required for partisan offices)

Democrat Green Libertarian Republican Other: N/A

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)

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STATE OF ARIZONA
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COMMITTEE ID NUMBER
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 CC2017-09

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): _____
 Committee's email address (required): _____
 Committee's phone number (if any): _____
 Committee's website (if any): _____
Chairperson's Information: Chairperson's name (required): _____
 Chairperson's physical address (required): _____
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): _____
 Chairperson's phone number (required): _____
 Chairperson's employer (required): _____
 Chairperson's occupation (required): _____
Treasurer's Information: Treasurer's name (required): _____
 Treasurer's physical address (required): _____
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): _____
 Treasurer's phone number (required): _____
 Treasurer's employer (required): _____
 Treasurer's occupation (required): _____
Bank or Financial Institution: Bank name (required): _____
 (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: _____ Date: 9-14-2021
 Treasurer's signature: _____ Date: 9-14-2021
 Candidate's signature (if applicable): _____ Date: 9-14-2021

Initial Application
 Amended Application
Date: 11/15/2017



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
CC 2017-09

RECEIVED
NOV 17 2017
BY: SS

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Austin Aslan For Flagstaff City Council
(first or last name & office)

Candidate Information: Candidate's Name (required): Austin Aslan
Candidate's mailing address (required): 5196 S. Opal Rd. Flagstaff, AZ 86005
Candidate's email address (required): austin@austinaslanforflagstaff.com
Candidate's phone number (required): 928-707-4106
Candidate's website (if any): www.austinaslanforflagstaff.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: City Council District (if applicable): N/A
Election Cycle for Office Sought (year the election will take place) (required): 2018
Party Affiliation: Democrat Green Libertarian Republican Other: N/A
(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: Sponsor's name or nickname (required): _____
(if applicable) 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)

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(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 5196 S. Opal Rd. Flagstaff, AZ 86005
Committee's email address (required): austin@austinaslanforflagstaff.com
Committee's phone number (if any): 928-707-4106
Committee's website (if any): www.austinaslanforflagstaff.com

Chairperson's Information: Chairperson's name (required): Austin Aslan
Chairperson's physical address (required): 5196 S. Opal Rd. Flagstaff, AZ 86005
Chairperson's mailing address (if different): _____
Chairperson's email address (required): austin@austinaslanforflagstaff.com
Chairperson's phone number (required): 928-707-4196
Chairperson's employer (required): Penguin Random House
Chairperson's occupation (required): Author

Treasurer's Information: Treasurer's name (required): Austin Aslan
Treasurer's physical address (required): 5196 S. Opal Rd. Flagstaff, AZ 86005
Treasurer's mailing address (if different): _____
Treasurer's email address (required): www.austinaslanforflagstaff.com
Treasurer's phone number (required): 928-707-4106
Treasurer's employer (required): Penguin Random House
Treasurer's occupation (required): Author

Bank or Financial Institution: Bank name (required): Wells Fargo
(do not list acct numbers) Additional bank name (if applicable): _____
Additional bank name (if applicable): _____

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Chairperson's signature: _____

Date: 11/15/17

Treasurer's signature: _____

Date: 11/15/17

Candidate's signature (if applicable): _____

Date: 11/15/17