

Initial Application
 Amended Application
Date: 07-06-2018



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE TYPE (choose one):



Candidate

Committee Name (required): Committee to Elect George Rivello
(first or last name & office)

Candidate Information:
Candidate's Name (required): George Rivello
Candidate's mailing address (required): 2930 E. Matterhorn Dr.
Candidate's email address (required): George@BigShotz.net
Candidate's phone number (required): 928-526-7485
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: Mayor 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: Independent

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 COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 5200 E. Cortland Bl. Suite B6 Flagstaff, AZ 86004
Committee's email address (required): george@BigShotz.net
Committee's phone number (if any): 928-220-5122
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): George Rivello
Chairperson's physical address (required): 2930 E. Matterhorn Dr. Flagstaff, AZ 86004
Chairperson's mailing address (if different): Same
Chairperson's email address (required): George@BigShotz.net
Chairperson's phone number (required): 928-220-5122
Chairperson's employer (required): Northern Arizona University
Chairperson's occupation (required): Charter Bus Driver

Treasurer's Information: Treasurer's name (required): George Rivello
Treasurer's physical address (required): 2930 E. Matterhorn Dr. Flagstaff, AZ 86004
Treasurer's mailing address (if different): Same
Treasurer's email address (required): George@BigShotz.net
Treasurer's phone number (required): 928-220-5122
Treasurer's employer (required): Northern Arizona University
Treasurer's occupation (required): Charter Bus Driver

Bank or Financial Institution: Bank name (required): OneAz 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: George Rivello Date: 07-06-2018
Treasurer's signature: George Rivello Date: 07-06-2018
Candidate's signature (if applicable): George Rivello Date: 06-27-2018