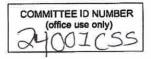
☑ Initial Application
 ☑ Amended Application
 Date: 07/29/2024



PINAL COUNTY COMMITTEE STATEMENT OF ORGANIZATION



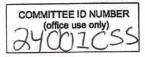
COMMITTEE TYPE (choose one):

Committee Name (required): First or last name & office)	
Candidate Information:	Candidate's Name (required):
	Candidate's mailing address (required):
	Candidate's email address (required): r
	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:
Election Cycle for Office Soug	aht (year the election will take place) (required):
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
Political Action Comm	
Committee Name (required): (if sponsored, must include sponsor's name)	Yes for AJ Kids
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):
A STATE OF THE PARTY OF THE PAR	Sponsor's name or nickname (required):
Sponsorship Information: (if applicable)	Sponsor's mailing address (required):
The state of the s	Sponsor's mail address (required):
	Sponsor's mailing address (required):
(if applicable)	Sponsor's mailing address (required):
(if applicable) Special Status	Sponsor's mailing address (required):
(if applicable) Special Status	Sponsor's mailing address (required):
(if applicable) Special Status	Sponsor's mailing address (required):
(if applicable) Special Status	Sponsor's mailing address (required):
(if applicable) Special Status (if applicable)	Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's website (if any): 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)
(if applicable) Special Status (if applicable) Political Party Committee Name (required):	Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's website (if any): 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) State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
(if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation	Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's website (if any): Sponsor's website (if any): 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) 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)
(if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation	Sponsor's mailing address (required):

■ Initial Application
■ Amended Application
Date: 07/29/2024



PINAL COUNTY COMMITTEE STATEMENT OF ORGANIZATION



COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): 5136 S Desert View Dr Apache Junction AZ 85120
	COMBON MICHINGIAN	Committee's email address (required): rhinodream1@gmail.com
		Committee's phone number (if any): (480) 694-5100
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): Robert Shippy
		Chairperson's name (required): 5136 S Desert View Dr Apache Junction AZ 85120
		Chaimerson's mailing address (if different):
		Chairperson's email address (required): rhinodream1@gmail.com
		Chairperson's phone number (required): (480) 748-8331
		Chairperson's employer (required): Self Employed
		Chairperson's occupation (required): Self Employed
		Chairperson's occupation (required):
	Treasurer's Information:	Treasurer's name (required): Jeff Struble
		Treasurer's physical address (required): 1660 S Alma School Rd #226 Mesa AZ 85210
		Traccurer's mailing address (if different). PO Box 31867 Mesa AZ 63273
		Treasurer's email address (required): rninodream1@gmail.com
		Treasurer's phone number (required): (480) 694-5100
		Treasurer's employer (required): Self Employed
		Treasurer's occupation (required): Self employed
		Treasurer's occupation (required):
	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:

Treasurer's signature:

Date: 7-36/7

Candidate's signature (if applicable): ______ Date: _____

RECEIVED

JUL 3 1 2024

PINAL COUNTY SCHOOL OFFICE

Arizona Secretary of State Revision 11/5/16