

Initial Application
 Amended Application
 Date: 08/05/2024

PINAL COUNTY
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
 2019003CSS

COMMITTEE TYPE (choose one):

RECEIVED

Candidate

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

Candidate Information: Candidate's Name (required): _____ **AUG 06 2024**
 Candidate's mailing address (required): _____ **PINAL COUNTY SCHOOL OFFICE**
 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): YES FOR MARICOPA SCHOOLS
 (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): CHAD WHITTLE
 (if applicable) Sponsor's mailing address (required): 44570 W GRANITE DRIVE 85139
 Sponsor's email address (required): WHITTLECR@HOTMAIL.COM
 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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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 40642 W WALKER WAY 85138
Committee's email address (required): YESFORMUSD@GMAIL.COM
Committee's phone number (if any):
Committee's website (if any): WWW.YESFORMUSD.COM

Chairperson's Information: Chairperson's name (required): CHAD WHITTLE
Chairperson's physical address (required): 44570 W GRANITE DRIVE 85139
Chairperson's mailing address (if different):
Chairperson's email address (required): WHITTLECR@HOTMAIL.COM
Chairperson's phone number (required): (480) 298-6029
Chairperson's employer (required): MARICOPA UNIFIED SCHOOL DISTRICT #20
Chairperson's occupation (required): COORDINATOR

Treasurer's Information: Treasurer's name (required): EMILY MAXWELL
Treasurer's physical address (required): 40642 W WALKER WAY 85138
Treasurer's mailing address (if different):
Treasurer's email address (required): EMILY.MAXWELL918@GMAIL.COM
Treasurer's phone number (required): (520) 405-9924
Treasurer's employer (required): MARICOPA UNIFIED SCHOOL DISTRICT #20
Treasurer's occupation (required): DIRECTOR

Bank or Financial Institution: Bank name (required): BANK OF AMERICA
(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: Chad Whittle Date: 8/5/2024
Treasurer's signature: Emily Maxwell Date: 8/6/2024
Candidate's signature (if applicable): _____ Date: _____