☐ Initial Application M Amended Application Data: 08/05/2024

PINAL COUNTY

PINAL COUNTY COMMITTEE STATEMENT OF ORGANIZATION

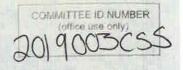


COMN

mmittee Name (required):	RECEIVED
rst or last name & office)	
	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):
	□ 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): □
lection Cycle for Office Sou	ght (year the election will take place) (required):
Party Affiliation:	□ Democrat □ Green □ Libertarian □ Republican □ Other:
Party Affiliation: required for partisan offices) Political Action Com-	□ Democrat □ Green □ Libertarian □ Republican □ Other:
Party Affiliation: required for partisan offices) Political Action Committee Name (required): if sponsored, must include	□ Democrat □ Green □ Libertarian □ Republican □ Other:
Party Affiliation: required for partisan offices) Political Action Committee Name (required):	Democrat Green Libertarian Republican Other:
Party Affiliation: required for partisan offices) Political Action Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional):	Democrat Green Libertarian Republican Other:
Party Affiliation: required for partisan offices) Political Action Committee Name (required): if sponsored, must include sponsor's name)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
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Party Affiliation: required for partisan offices) Political Action Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional): (select any that apply)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
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Party Affiliation: required for partisan offices) Political Action Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	□ Democrat □ Green □ Libertarian □ Republican □ Other:
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PINAL COUNTY COMMITTEE STATEMENT PINAL COUNTY OF ORGANIZATION



COMMITTEE INFORMATION:

	Committee's malling 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: Treasurer's Information:	Chalanasa and regulated). CHAD WHITTLE
	Chairperson's physical address (required): 44570 W GRANITE DRIVE 85139
	Chairmarean's mailing address (if different):
	Chairperson's email address (required): WHITTLECR@HOTMAIL.COM
	(480) 298-6029
	Chairperson's employer (required): MARICOPA UNIFIED SCHOOL DISTRICT #20
	Chairperson's occupation (required): COORDINATOR
	Treasurer's name (required): EMILY MAXWELL
	Treasurer's physical address (required): 40642 W WALKER WAY 85138
	Tananagar mailing addrage (if different):
	Treasurer's email address (required): EMILY.MAXWELL918@GMAIL.COM
	(520) 405-9924
	Treasurer's employer (required): MARICOPA UNIFIED SCHOOL DISTRICT #20
	Treasurer's occupation (required): DIRECTOR
	RANK OF AMERICA
Bank or Financial Institution: (do not list acct numbers)	Additional bank name (if applicable):
(un not list auct numbers)	Additional bank name (if applicable):

DEC

I declare under penalty of perjury that the foregoing information is true chairperson or treasurer of the committee named herein, if applicable, committee and authorize it to receive/make contributions/expenditures campaign finance and reporting guide; (4) agree to comply with Arizon	(2) designate the above-named committee as my official candidate s on my behalf, if applicable; (3) have read the Secretary of State's na election law, including campaign finance laws codified at A.R.S.
§§ 16-901 to 16-938; and (5) agree to accept all notifications and lega address(es) provided herein.	al service of process for campaign finance purposes via the email
Chairperson's signature: [With White	Date: 8/5/2024
Chairperson's signature: Charl White Treasurer's signature: Eight Marill	Date: 8/5/2024 Date: 8/6/2624
Candidate's signature (if applicable):	Date: