☒ Initial Application
☐ Amended Application
Date: 5-20-18

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

RECEIVED
MAY 21 2018

COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):

☒ **Candidate**

Committee Name (required): (first or last name & office) JEFFREY S. AAL FOR COUNCIL

Candidate Information:
Candidate's Name (required): JEFFREY S. AAL
Candidate's mailing address (required): 1422 N. SUNRISE CT. 85374
Candidate's email address (required): JEFFREY@JSAAL.COM
Candidate's phone number (required): 480-628-6818
Candidate's website (if any): JEFFREYAAL.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: COUNCIL ☐ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 8-28-18

Party Affiliation: (required for partisan offices)
☐ Democrat ☐ Green ☒ Libertarian ☐ Republican ☐ Other: _____

☐ **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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Date: 5-20-18

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COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): 1422 N. SUNRISE CT PAYSON AZ
Committee's email address (required): JEFFREY@SSAAL.COM
Committee's phone number (if any): 480-628-6818
Committee's website (if any): JEFFREYAAL.COM

Chairperson's Information:
Chairperson's name (required): JEFFREY S. AAL
Chairperson's physical address (required): 1422 N. SUNRISE CT, PAYSON
Chairperson's mailing address (if different):
Chairperson's email address (required): JEFFREY@SSAAL.COM
Chairperson's phone number (required): 480-628-6818
Chairperson's employer (required): SELF / JEFFREYAAL LLC
Chairperson's occupation (required): ADJUSTER

Treasurer's Information:
Treasurer's name (required): SHANA NOE
Treasurer's physical address (required): 1422 N. SUNRISE CT PAYSON
Treasurer's mailing address (if different):
Treasurer's email address (required): SHANA@NOEI.COM
Treasurer's phone number (required): 480-650-3367
Treasurer's employer (required): SELF / JEFFREYSAAL LLC
Treasurer's occupation (required): OFFICE MANAGER

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): COMPASS BANK
Additional bank name (ifapplicable):
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: [signature] Date: 5-20-18

Treasurer's signature: [signature] Date: 5/20/18

Candidate's signature (if applicable): [signature] Date: 5-20-18