

- Initial Application
- Amended Application
- Date: \_\_\_\_\_



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

18 - C - 05

COMMITTEE TYPE (choose one):

**Candidate**

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

Shirley Dye for Payson Town Council

Candidate Information:

Candidate's Name (required): Shirley Dye  
 Candidate's mailing address (required): 1107 S. Deer Born Dr Payson 85541  
 Candidate's email address (required): Shirleydjest@npg.cable.com  
 Candidate's phone number (required): 928-468-1131 or call 928-951-6774  
 Candidate's website (if any): —

Office Sought (choose one):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Governor                                      | <input type="checkbox"/> Secretary of State              | <input type="checkbox"/> Attorney General           | <input type="checkbox"/> State Treasurer |
| <input type="checkbox"/> Superintendent of Public Instruction          | <input type="checkbox"/> State Mine Inspector            | <input type="checkbox"/> Corporation Commissioner   |  |
| <input type="checkbox"/> State Senate                                  | <input type="checkbox"/> State House of Representatives  | <input type="checkbox"/> District (required): _____ |  |
| <input type="checkbox"/> County Office: _____                          | <input type="checkbox"/> District (if applicable): _____ |   |  |
| <input checked="" type="checkbox"/> City/Town Office: <u>Counselor</u> | <input type="checkbox"/> 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: \_\_\_\_\_

**Political Action Committee (PAC)**

Committee Name (required):  
(if sponsored, must include sponsor's name)

N/A

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)

N/A

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:

85541

**Contact Information:** Committee's mailing address (required): 1107 S Deer Born Dr Payson  
 Committee's email address (required): shirleyujest@npgcable.com  
 Committee's phone number (if any): h. 928-468-1131 cell 928-951-6774  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Shirley Dye  
 Chairperson's physical address (required): 1107 S Deer Born Dr Payson 85541  
 Chairperson's mailing address (if different): same  
 Chairperson's email address (required): shirleyujest@npgcable.com  
 Chairperson's phone number (required): see above  
 Chairperson's employer (required): retired.  
 Chairperson's occupation (required): retired.

**Treasurer's Information:** Treasurer's name (required): Shirley Dye  
 Treasurer's physical address (required): see above  
 Treasurer's mailing address (if different): see above  
 Treasurer's email address (required): see above  
 Treasurer's phone number (required): see above  
 Treasurer's employer (required): retired  
 Treasurer's occupation (required): retired.

**Bank or Financial Institution:** Bank name (required): National Bank of Arizona  
 (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: Shirley Dye Date: 4-16-18

Treasurer's signature: Shirley Dye Date: 4-16-18

Candidate's signature (if applicable): Shirley Dye Date: 4-16-18