

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



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)  
**18-C-04**

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Ferris 4 Council  
(first or last name & office)

Candidate Information: Candidate's Name (required): Jim Ferris  
Candidate's mailing address (required): 801 E. Frontier Street, Apt 54  
Candidate's email address (required): jimlinks18@yahoo.com  
Candidate's phone number (required): (480) 710-4807  
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: Council     District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2018

Party Affiliation:  Democrat     Green     Libertarian     Republican     Other: \_\_\_\_\_  
(required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): \_\_\_\_\_  
(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): \_\_\_\_\_  
(if applicable)    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)



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
18-C-04

Initial Application  
 Amended Application  
Date: 7-2-18

CHANCE BANK

COMMITTEE INFORMATION:

**Contact Information:**  
 Committee's mailing address (required): 1101 S Deer Born Cir, Payson, AZ 85541  
 Committee's email address (required): dyouunker1@aol.com  
 Committee's phone number (if any): 858-395-1850  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:**  
 Chairperson's name (required): Darlene S. Younker  
 Chairperson's physical address (required): 1101 S Deer Born Cir, Payson, AZ 85541  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): dyouunker1@aol.com  
 Chairperson's phone number (required): 858-395-1850  
 Chairperson's employer (required): retired  
 Chairperson's occupation (required): retired

**Treasurer's Information:**  
 Treasurer's name (required): Greg Friestad  
 Treasurer's physical address (required): 901 N. McClane, Payson, AZ 85541  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): hunterauto1@gmail.com  
 Treasurer's phone number (required): 928-978-0329  
 Treasurer's employer (required): retired  
 Treasurer's occupation (required): retired

**Bank or Financial Institution:**  
 Bank name (required): ~~Wells Fargo~~ NATIONAL BANK  
 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: Darlene S Younker Date: 4-27-18  
 Treasurer's signature: Greg Friestad Date: 4-27-18  
 Candidate's signature (if applicable): \_\_\_\_\_ Date: 4-27-18