☐ Initial Application
☐ Amended Application
Date: _____

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

RECEIVED
APR 23 2020
TOWN CLERK
TOWN OF PAYSON

COMMITTEE TYPE (choose one)

☑ Candidate

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

Candidate Information:
Candidate's Name (required): SCOTT NOSSEK
Candidate's mailing address (required): [redacted]
Candidate's email address (required): [redacted]
Candidate's phone number (required): [redacted]
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): 2020

Party Affiliation: (required for partisan offices)
☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☑ Other: NON-PARTISAN INDEPENDENT

☐ 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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STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION

Contact Information:
Committee's mailing address (required): 1120 N. ALYSSA CIR. PAYSON, AZ 85541
Committee's email address (required): SNOSSEK@YAHOO.COM
Committee's phone number (if any): 928 978-4191
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): SCOTT NOSSEK
Chairperson's physical address (required): 1120 N. ALYSSA CIR, PAYSON, AZ 85541
Chairperson's mailing address (if different): SAME
Chairperson's email address (required): SNOSSEK@YAHOO.COM
Chairperson's phone number (required): 928 978-4191
Chairperson's employer (required): PAYSON PHYSICAL THERAPY
Chairperson's occupation (required): PHYSICAL THERAPIST

Treasurer's Information:
Treasurer's name (required): JANET NOSSEK
Treasurer's physical address (required): 1120 N. ALYSSA CIR PAYSON, AZ 85541
Treasurer's mailing address (if different): SAME
Treasurer's email address (required): JNOSSEK@GMAIL.COM
Treasurer's phone number (required): 928 595-0395
Treasurer's employer (required): PAYSON PHYSICAL THERAPY
Treasurer's occupation (required): ACCOUNTANT

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): NATIONAL 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 16-933, 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: Scott Nossek Date: 3/28/20

Treasurer's signature: Janet Nossek Date: 3/28/20

Candidate's signature (if applicable): Scott Nossek Date: 3/28/20