

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



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
 COMM20-05

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): \_\_\_\_\_  
 Committee's email address (required): \_\_\_\_\_  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): \_\_\_\_\_  
 Chairperson's physical address (required): \_\_\_\_\_  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): \_\_\_\_\_  
 Chairperson's phone number (required): \_\_\_\_\_  
 Chairperson's employer (required): \_\_\_\_\_  
 Chairperson's occupation (required): \_\_\_\_\_

**Treasurer's Information:** Treasurer's name (required): \_\_\_\_\_  
 Treasurer's physical address (required): \_\_\_\_\_  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): \_\_\_\_\_  
 Treasurer's phone number (required): \_\_\_\_\_  
 Treasurer's employer (required): \_\_\_\_\_  
 Treasurer's occupation (required): \_\_\_\_\_

**Bank or Financial Institution:** Bank name (required): \_\_\_\_\_  
 (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: Charles [Signature] Date: 3/10/2020

Treasurer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
Comm 20-05

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): CHARLES G. AUSTIN JR  
 (first or last name & office)

Candidate Information:

Candidate's Name (required): CHARLES (CHAS) AUSTIN JR

Candidate's mailing address (required): PO BOX 1354, APACHE JUNCTION, AZ 85117

Candidate's email address (required): ctcaustin@msn.com

Candidate's phone number (required): 602 3098776

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: MAYOR     District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2020

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

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**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)