

Initial Application
 Amended Application
Date: _____



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
18002

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): PO BOX 2304, PAGE, AZ 86040
Committee's email address (required): Carey for page mayor @ gmail. com
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): BRIAN CAREY
Chairperson's physical address (required): 1500 WEST VIEW DR., PAGE, AZ 86040
Chairperson's mailing address (if different): PO BOX 2304, PAGE, AZ 86040
Chairperson's email address (required): Carey for page mayor @ gmail. com
Chairperson's phone number (required): 928 640 0324
Chairperson's employer (required): RETIRED
Chairperson's occupation (required): RETIRED

Treasurer's Information:
Treasurer's name (required): BRIAN CAREY
Treasurer's physical address (required): 1500 WEST VIEW DR., PAGE, AZ 86040
Treasurer's mailing address (if different): PO BOX 2304, PAGE, AZ 86040
Treasurer's email address (required): Carey for page mayor @ gmail. com
Treasurer's phone number (required): 928 640 0324
Treasurer's employer (required): RETIRED
Treasurer's occupation (required): RETIRED

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): NATIONAL BANK OF ARIZONA
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: Brian Carey Date: 7/25/18
Treasurer's signature: Brian Carey Date: 7/25/18
Candidate's signature (if applicable): Brian Carey Date: 7/25/18

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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
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COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): CAREY FOR PAGE MAYOR
(first or last name & office)

Candidate Information:

Candidate's Name (required): BRIAN CAREY

Candidate's mailing address (required): PO BOX 2304, PAGE, AZ 86040

Candidate's email address (required): Careyforpage mayor@gmail.com

Candidate's phone number (required): 928 640 6324

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): 2018

Party Affiliation: Democrat Green Libertarian Republican Other: N/A
(required for partisan offices)

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)

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CITY OF PAGE
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CITY CLERK'S OFFICE

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)