

Date: _____



OF ORGANIZATION

PAC 2023-01

COMMITTEE TYPE (choose one):

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CITY OF PACE
CITY CLERK'S OFFICE

Candidate

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

Candidate Information: Candidate's Name (required): _____

Candidate's mailing address (required): _____

Candidate's email address (required): _____

Candidate's phone number (required): _____

Candidate's website (if any): _____

Office Sought (choose one): County Office: _____ District (if applicable): _____

City/Town Office: _____ District (if applicable): _____

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

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

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

Political Action Committee (PAC)

Committee Name (required): Page Action Committee
(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): Debra Roundtree
(if applicable)

Sponsor's mailing address (required): PO Box 1315

Sponsor's email address (required): debraroundtree@icloud.com

Sponsor's phone number (if any): 938 640 1933

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)

Date: _____



OF ORGANIZATION

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): PO Box 1315
 Committee's email address (required): debraroundtree@icloud.com
 Committee's phone number (if any): 928-640-1933
 Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): Debra Roundtree
 Chairperson's physical address (required): 336 S Navajo Dr
 Chairperson's mailing address (if different): PO Box 1315
 Chairperson's email address (required): debraroundtree@icloud.com
 Chairperson's phone number (required): 928-640-1933
 Chairperson's employer (required): GLOA
 Chairperson's occupation (required): educator

Treasurer's Information:

Treasurer's name (required): Paul Burton
 Treasurer's physical address (required): 824 DEL BARCO
 Treasurer's mailing address (if different): PO BOX 2309 PAGE AZ 86040
 Treasurer's email address (required): ekdsc688@aol.com
 Treasurer's phone number (required): 928-660-9220
 Treasurer's employer (required): Paul Burton DDS
 Treasurer's occupation (required): DENTIST

Bank or Financial Institution: (do not list acct numbers)

Bank name (required): ~~AMERICA FIRST CREDIT UNION~~ BMO
 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: Debra Roundtree Date: 10/31/2023

Treasurer's signature: Paul Burton Date: 10/31/2023

Candidate's signature (if applicable): _____ Date: _____

CITY OF PHOENIX
 CITY CLERK'S OFFICE
 RECEIVED
 Nov. 1st
 2023 OCT 32 A 9:40

- Initial Application
 - Amended Application
- Date: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)
PAC 2023-01

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**CITY OF PAGE
CITY CLERK'S OFFICE**

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information: Candidate's Name (required): _____

Candidate's mailing address (required): _____

Candidate's email address (required): _____

Candidate's phone number (required): _____

Candidate's website (if any): _____

Office Sought (choose one): County Office: _____ District (if applicable): _____

City/Town Office: _____ District (if applicable): _____

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

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(required for partisan offices)

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Committee Name (required): Page Action Committee
(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): Debra Roundtree
(if applicable) Sponsor's mailing address (required): PO Box 1315 Page Az 86040
Sponsor's email address (required): debra.roundtree@icloud.com
Sponsor's phone number (if any): 928-640-1933
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)

Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
PAC 2023-01

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 Committee's phone number (if any): _____
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Debra Roundtree
 Chairperson's physical address (required): 336 S Navajo Dr Page Az
 Chairperson's mailing address (if different): PO Box 1315 Page Az
 Chairperson's email address (required): debraroundtree@icloud.com
 Chairperson's phone number (required): 928-640-1933
 Chairperson's employer (required): GCOA
 Chairperson's occupation (required): educator

Treasurer's Information: Treasurer's name (required): Paul Burton
 Treasurer's physical address (required): 524 Del Barco Page Az
 Treasurer's mailing address (if different): PO Box 2369 Page Az
 Treasurer's email address (required): okdoc688@aol.com
 Treasurer's phone number (required): 928-660-9220
 Treasurer's employer (required): Dentist
 Treasurer's occupation (required): Self Employed

Bank or Financial Institution: Bank name (required): N/A
 (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: Debra Roundtree Date: 9/18/2023

Treasurer's signature: Paul Burton Date: 9/18/2023

Candidate's signature (if applicable): N/A Date: _____