

Initial Application  
 Amended Application  
 Date: 2-5-19



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION

COMMITTEE ID NUMBER  
 (office use only)

C19-01

RECEIVED

FEB 05 2019

COMMITTEE TYPE (choose one):

Candidate

CITY OF CHANDLER  
 CITY CLERK

Committee Name (required): McClymonds for Chandler  
 (first or last name & office)

Candidate Information: Candidate's Name (required): Jeremy McClymonds  
 Candidate's mailing address (required): 2510 East Buena Vista Place, Chandler, AZ 85249  
 Candidate's email address (required): Jeremy@McClymondsForChandler.com  
 Candidate's phone number (required): (480)444-2228  
 Candidate's website (if any): www.McClymondsForChandler.com

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: Chandler City Councilmember  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)

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)

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

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 2510 East Buena Vista Place, Chandler, AZ 85249  
 Committee's email address (required): Info@McClymondsForChandler.com  
 Committee's phone number (if any): (480)444-2228  
 Committee's website (if any): www.McClymondsForChandler.com

**Chairperson's Information:** Chairperson's name (required): Jeremy McClymonds  
 Chairperson's physical address (required): 2510 East Buena Vista Place, Chandler, AZ 85249  
 Chairperson's mailing address (if different): Same As Above  
 Chairperson's email address (required): Jeremy@McClymondsForChandler.com  
 Chairperson's phone number (required): (480)444-2228  
 Chairperson's employer (required): FORM Prosperity Wealth Advisors, LLC  
 Chairperson's occupation (required): Owner/Financial Advisor

**Treasurer's Information:** Treasurer's name (required): Jeremy McClymonds  
 Treasurer's physical address (required): 2510 East Buena Vista Place, Chandler, AZ 85249  
 Treasurer's mailing address (if different): Same As Above  
 Treasurer's email address (required): Jeremy@McClymondsForChandler.com  
 Treasurer's phone number (required): (480)444-2228  
 Treasurer's employer (required): FORM Prosperity Wealth Advisors, LLC  
 Treasurer's occupation (required): Owner/Financial Advisor

**Bank or Financial Institution:** Bank name (required): Wells Fargo/Alliance Bank of Arizona  
 (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: \_\_\_\_\_ Date: 02/05/19

Treasurer's signature: \_\_\_\_\_ Date: 02/05/19

Candidate's signature (if applicable): \_\_\_\_\_ Date: 02/05/19