

Initial Application
 Amended Application
Date: 5/11/2017



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

RECEIVED
MAY 11 2017

COMMITTEE ID NUMBER
(office use only)
C17-06

COMMITTEE TYPE (choose one):

CHANDLER CITY CLERK

Candidate

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

The Committee to Elect Aaron Harris Sr. for Council

Candidate Information:

Candidate's Name (required):

Aaron Harris Sr.

Candidate's mailing address (required):

1405 W. Pelican Ct Chandler, AZ 85286

Candidate's email address (required):

aaaronharrisSr@yahoo.com

Candidate's phone number (required):

(480) 388-9424

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):

2018

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):
(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)
C17-06

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): 1405 W. Pelican Ct. Chandler 85286
Committee's email address (required): caronharris.sr@yahoo.com
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): Aaron Harris Sr.
Chairperson's physical address (required): 1405 W. Pelican Ct. Chandler 85286
Chairperson's mailing address (if different): _____
Chairperson's email address (required): caronharris.sr@yahoo.com
Chairperson's phone number (required): (480) 388-9424
Chairperson's employer (required): Higley Unified School District
Chairperson's occupation (required): Educator

Treasurer's Information:
Treasurer's name (required): Aaron Harris Sr.
Treasurer's physical address (required): 1405 W. Pelican Ct. Chandler 85286
Treasurer's mailing address (if different): _____
Treasurer's email address (required): caronharris.sr@yahoo.com
Treasurer's phone number (required): (480) 388-9424
Treasurer's employer (required): Higley Unified School District
Treasurer's occupation (required): Educator

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): Wells Fargo
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: [Signature] Date: 5/11/17
Treasurer's signature: [Signature] Date: 5/11/17
Candidate's signature (if applicable): _____ Date: _____