

Initial Application  
 Amended Application  
Date: 05-15-17



STATE OF ARIZONA  
COMMITTEE STATEMENT OF ORGANIZATION RECEIVED

COMMITTEE ID NUMBER  
(office use only)  
C17-07

MAY 15 2017

COMMITTEE TYPE (choose one):

**Candidate** CHANDLER CITY CLERK

Committee Name (required): ROE 4 CHANDLER CITY COUNCIL 18  
(first or last name & office)

Candidate Information:

Candidate's Name (required): TERRY ROE

Candidate's mailing address (required): 1909 E RAY ROAD #199 CHANDLER 85225

Candidate's email address (required): ROE4CHANDLER@GMAIL.COM

Candidate's phone number (required): 602-824-8818

Candidate's website (if any): ROE4CHANDLER.COM

Office Sought (choose one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Secretary of State	<input type="checkbox"/> Attorney General	<input type="checkbox"/> State Treasurer
<input type="checkbox"/> Superintendent of Public Instruction	<input type="checkbox"/> State Mine Inspector	<input type="checkbox"/> Corporation Commissioner	
<input type="checkbox"/> State Senate	<input type="checkbox"/> State House of Representatives	<input type="checkbox"/> District (required): _____	
<input type="checkbox"/> County Office: _____	<input type="checkbox"/> District (if applicable): _____		
<input checked="" type="checkbox"/> City/Town Office: <u>COUNCIL CHANDLER</u>	<input type="checkbox"/> District (if applicable): _____		

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

Party Affiliation: (required for partisan offices)

<input type="checkbox"/> Democrat	<input type="checkbox"/> Green	<input type="checkbox"/> Libertarian	<input checked="" type="checkbox"/> Republican	<input type="checkbox"/> Other: _____
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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)

<input type="checkbox"/> Contributions	<input type="checkbox"/> Candidate-Related Independent Expenditures
<input type="checkbox"/> Ballot Measure Expenditures	<input type="checkbox"/> 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)

<input type="checkbox"/> Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
<input type="checkbox"/> Standing Committee (must also complete separate standing committee registration)
<input type="checkbox"/> 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:

<input type="checkbox"/> State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
<input type="checkbox"/> County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
<input type="checkbox"/> Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
<input type="checkbox"/> City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable)

<input type="checkbox"/> 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)

**COMMITTEE INFORMATION:**

**Contact Information:** Committee's mailing address (required): 1909 E. RAY ROAD #9-199 CHANDLER 85225  
Committee's email address (required): ROE4CHANDLER@GMAIL.COM  
Committee's phone number (if any): 602-824-8818  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): TERRY ROE  
Chairperson's physical address (required): 1112 E KENT PL CHANDLER 85225  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): ROE.TERRY@GMAIL.COM  
Chairperson's phone number (required): 602-824-8818  
Chairperson's employer (required): CITY OF CHANDLER  
Chairperson's occupation (required): CITY COUNCILMAN

**Treasurer's Information:** Treasurer's name (required): TERRY ROE  
Treasurer's physical address (required): 1112 E KENT PL CHANDLER 85225  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): ROE.TERRY@GMAIL.COM  
Treasurer's phone number (required): 602-824-8818  
Treasurer's employer (required): CITY OF CHANDLER  
Treasurer's occupation (required): CITY COUNCILMAN

**Bank or Financial Institution:** Bank name (required): TCF BANK  
(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: Terry Roe Date: 05-12-17  
Treasurer's signature: Terry Roe Date: 05-12-17  
Candidate's signature (if applicable): Terry Roe Date: 05-12-17