

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



# STATE OF ARIZONA ORGANIZATION STATEMENT OF REGISTRATION

ORGANIZATION ID NUMBER  
(office use only)

## ORGANIZATION INFORMATION:

*Organization Name* (required): \_\_\_\_\_

*Contact Information:* Organization's mailing address (required): \_\_\_\_\_

Organization's email address (required): \_\_\_\_\_

Organization's phone number (required): \_\_\_\_\_

Organization's website (if any): \_\_\_\_\_

*Responsible Person:* Person responsible for authorizing organization's expenditure (required): \_\_\_\_\_

Responsible person's title (required): \_\_\_\_\_

Responsible person's mailing address (required): \_\_\_\_\_

Responsible person's email address (required): \_\_\_\_\_

Responsible person's phone number (required): \_\_\_\_\_

## DECLARATION AND SIGNATURE:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) am the person responsible for authorizing expenditures to be conducted by the above-referenced organization; (2) have read the Secretary of State's campaign finance and reporting guide; (3) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (4) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Responsible person's signature: \_\_\_\_\_ Date: \_\_\_\_\_