

Initial Application
 Amended Application
 Date: 6/23/2017



STATE
OF
ARIZONA

COMMITTEE ID NUMBER
(office use only)
CAN 1604

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Committee to Elect Scott Moore
(first or last name & office)

Candidate Information:

Candidate's Name (required): Scott Moore

Candidate's mailing address (required): 5506 E San Miguel Ave PV A2 85857

Candidate's email address (required): Scott@ScottmooreAZ.com

Candidate's phone number (required): 480 863 3891

Candidate's website (if any): ScottmooreAZ.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: Council 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 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable) 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 Standing Committee (must also complete separate standing committee registration)
(if applicable)

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COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): 5506 E San Miguel Ave PV AZ 85753
 Committee's email address (required): scott@scottmooseaz.com
 Committee's phone number (if any): 480 563 3891
 Committee's website (if any): scottmooseaz.com

Chairperson's Information:
 Chairperson's name (required): SAME
 Chairperson's physical address (required): _____
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): _____
 Chairperson's phone number (required): _____
 Chairperson's employer (required): _____
 Chairperson's occupation (required): _____

Treasurer's Information:
 Treasurer's name (required): SAME
 Treasurer's physical address (required): _____
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): _____
 Treasurer's phone number (required): _____
 Treasurer's employer (required): _____
 Treasurer's occupation (required): _____

Bank or Financial Institution:
 Bank name (required): Wells Fargo
 (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: [Signature] Date: 6/23/17
 Treasurer's signature: [Signature] Date: 6/23/17
 Candidate's signature (if applicable): [Signature] Date: 6/23/17