



## TUSAYAN CANDIDATE CHECKLIST

- A. As a candidate, you must file a Statement of Organization for Political Committees, or if you do not anticipate contributions or expenditures to exceed \$1100 you may file a \$1100 Threshold Exemption Statement. ***One of these must be filed before circulating petitions.*** (For additional requirements and restrictions refer to A.R.S. § 16-903.)
- B. Petitions have been furnished for the signatures required. Refer to A.R.S. § 16-321, for completion of petitions.
- C. The following properly executed forms must be submitted to the city/town clerk for the official filing of your candidacy no earlier than **May 2, 2018** and no later than **June 1, 2018**:
  - 1. Petitions containing no less than 3 signatures.
  - 2. A Nominating Paper, Affidavit of Qualification (notarized) and statement that you have read the campaign finance and reporting statutes (signed).
  - 3. The Local Public Officer's Financial Disclosure Statement (notarized).
- D. **If you are a candidate for a Council seat, you must state whether you are seeking a 2-year or 4-year term on all forms (including petitions).**
- E. **If you are a candidate for Mayor, note that the Mayor is now directly elected and is a separate, 2-year seat on the Council.**
- F. **You may not run for the office of Mayor and Council at the same election.**

If you have any questions, please feel free to call me.

B.K. Northern  
Town Clerk

Phone # (928) 638-9909

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



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

COMMITTEE TYPE (choose one):

**Candidate**

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

*Candidate Information:* Candidate's Name (required): \_\_\_\_\_  
Candidate's mailing address (required): \_\_\_\_\_  
Candidate's email address (required): \_\_\_\_\_  
Candidate's phone number (required): \_\_\_\_\_  
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: \_\_\_\_\_     District (if applicable): \_\_\_\_\_

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

*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)

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



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

## COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): \_\_\_\_\_  
Committee's email address (required): \_\_\_\_\_  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): \_\_\_\_\_  
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): \_\_\_\_\_  
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): \_\_\_\_\_  
(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: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

## **PRINTING INSTRUCTIONS**

- 1. Print the Petition form on 8½ X 11inch paper.**
- 2. The second page (instructions for circulator) must be copied on the reverse side of the petition**

Instructions to print the PDF document:

NOTE: The following document represents what the Petition form should look like. Errors can be made when printing the document, so it is important to make sure you follow certain guidelines when printing.

1. Click "print" icon from the Adobe Product, not your browser
2. Check the printer "properties"
3. Orientation – Select "landscape"
4. Make sure that "fit to page" is NOT checked

**Nonpartisan Nomination Petition**

Put optional photo here

I, the undersigned, a qualified elector of the county of \_\_\_\_\_, state of Arizona, and of \_\_\_\_\_ (here name political division or district from which the nomination is sought) hereby nominate \_\_\_\_\_ who resides at \_\_\_\_\_ in the county of \_\_\_\_\_ for the office of \_\_\_\_\_ to be voted at the \_\_\_\_\_ election to be held \_\_\_\_\_, and hereby declare that I am qualified to vote for this office and that I have not signed and will not sign any nomination petitions for more persons than the number of candidates necessary to fill such office at the next ensuing election. I further declare that if I choose to use a post office box address on this petition, my residence address has not changed since I last reported it to the county recorder for purposes of updating my voter registration file.

Signature	Printed name	Actual residence address, description of place of residence, or Arizona post office box address, city or town	Date of signing
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Instructions for Circulators**

1. All petitions shall be signed by circulator.
2. Circulator is not required to be a resident of this state but otherwise must be qualified to register to vote in this state and, if not a resident of this state, shall register as a circulator with the secretary of state.
3. Circulator's name shall be typed or printed under the circulator's signature.
4. Circulator's actual residence address or, if no street address, a description of residence location shall be included on the petition.

I, \_\_\_\_\_ a person who is not required to be a resident of this state but who is otherwise  
(Printed Name)  
qualified to register to vote in the county of \_\_\_\_\_, in the state of Arizona, hereby verify that each of the names on the  
petition was signed in my presence on the date indicated; that in my belief each signer was a qualified elector who resides at the address given as  
their residence on the date indicated.

\_\_\_\_\_  
Signature of Circulator

\_\_\_\_\_  
Typed or Printed Name of Circulator

\_\_\_\_\_  
Circulator's Actual Residence Address  
(if no street address, a description of residence location shall be included  
on the petition)

\_\_\_\_\_  
City or Town and Zip Code

**Petición para Nominación No Partidista**

Es opcional colocar una fotografía aquí

Yo, el/la abajo firmante, elector/a calificado/a del condado de \_\_\_\_\_, estado de Arizona, y de \_\_\_\_\_  
 \_\_\_\_\_(Nombre de la división o el distrito político para la/él cual se busca la nominación aquí) por este medio nomino a \_\_\_\_\_  
 \_\_\_\_\_, quien reside en \_\_\_\_\_ en el condado de \_\_\_\_\_ para el  
 cargo de \_\_\_\_\_ en la votación de la elección \_\_\_\_\_ que se llevará a  
 cabo en \_\_\_\_\_, y en esto declaro que estoy calificado/a para votar para este cargo y que no he firmado y no firmaré cualquier  
 petición de nominación para más personas que el número de candidatos necesario para llenar dicho cargo en la siguiente elección. Más aún,  
 declaro que si opto por usar un apartado postal como domicilio en esta petición, el domicilio de mi residencia no ha cambiado desde la última  
 vez que lo reporté al registrador del condado con el propósito de actualizar el archivo de mi registro electoral.

Firma	Nombre en letra de molde	Domicilio donde reside, descripción de la residencia o apartado postal en Arizona, ciudad o pueblo	Fecha de la firma
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Instrucciones para las Personas Circulando las Peticiones**

1. Todas las peticiones deberán ser firmadas por la persona circulándolas.
2. No se requiere que la persona circulando las peticiones sea residente de este estado pero de otra forma debe estar calificada para registrarse para votar en este estado, y si no es residente de este estado, deberá registrarse como persona circulando peticiones con la Secretaría del Estado.
3. El nombre de la persona circulando la petición deberá estar impreso o escrito en letra de molde bajo la firma de dicha persona.
4. Se deberá incluir en la petición el domicilio residencial de la persona circulándola, si no hay calles en el domicilio, una descripción de la ubicación de la residencia.

Yo, \_\_\_\_\_ una persona a quien no se requiere que sea residente de este estado pero que de otra forma está calificada para  
(Nombre en Letra de Molde)

registrarse para votar en el condado de \_\_\_\_\_, en el estado de Arizona, verifico por este medio que cada uno de los nombres en la petición fue firmado ante mi presencia en la fecha indicada; que a mi parecer, cada firmante fue un elector calificado viviendo en el domicilio provisto como su residencia en la fecha indicada.

\_\_\_\_\_  
Firma de la Persona Circulando la Petición

\_\_\_\_\_  
Nombre Impreso o en Letra de Molde de la Persona Circulando la Petición

\_\_\_\_\_  
Domicilio Real de la Residencia de la Persona Circulando la Petición  
(Si no hay calles en el domicilio, se deberá incluir en la petición una descripción de la ubicación de la residencia)

\_\_\_\_\_  
Ciudad o Pueblo y Código Postal





STATE OF ARIZONA

Nonpartisan
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. § 16-311

FOR OFFICE USE ONLY

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of
at the election to be held on

I will have been a citizen of the United States for years before my election and will have been
a citizen of Arizona for years before my election and will meet the age requirement for the office I seek
and have resided in County for years and in precinct
for years before my election.

Actual residence address City or Town Zip
or description of place of residence (required)

Post office address (if applicable) City or town Zip

Print or type your name on the following line in the exact manner you
wish it to appear on the ballot, last name first.
LAST NAME FIRST NAME

I declare, under penalty of perjury, that the information in this Nomination Paper and Declaration of
Qualification is true and correct, and that at the time of filing I am a resident of the county, district or precinct
which I propose to represent, that I have no final, outstanding judgments against me of an aggregate of
\$1,000 or more that arose from failure to comply with or enforcement of campaign finance law, and as to all
other qualifications, I will be qualified at the time of election to hold the office that I seek.

CANDIDATE SIGNATURE

DATE



**STATE FINANCIAL DISCLOSURE STATEMENT**  
(For use by all Public Officers and Candidates in the State of Arizona)

Name of Public Officer or Candidate:

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Address:

(Please note: this address is public information and not subject to redaction)

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Public Office Held or Sought:

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District / Division # (if applicable):

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Please select the appropriate box that reflects your service for this filing year (double-click the box and change the default value to "checked"):

- I am a public officer filing this Financial Disclosure Statement covering the 12 months of calendar year 2017.
- I have been appointed to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12 month period ending with the last full month prior to the date I took office.
- I am a public officer who has served in the last full year of my final term, which expires less than thirty-one days into calendar year 2018. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- I am a candidate for a public office, and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of \_\_\_\_\_ 20\_\_\_\_, to the month of \_\_\_\_\_ 20\_\_\_\_.

**VERIFICATION**

I verify under penalty of perjury that the information provided in this Financial Disclosure Statement is true and correct.

(Typewritten signatures accepted)

Secretary of State Revision October 19, 2017

\_\_\_\_\_  
Signature of Public Officer or Candidate

## A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your financial interests and/or the financial interests of the member(s) of your household.<sup>1</sup>

### 1. Identification of Household Members and Business Interests

**What to disclose:** If you are married, is your spouse a member of your household?  Yes  No  N/A (If not married/widowed, select N/A)

Are any minor children<sup>2</sup> members of your household?  Yes (if yes, disclose how many \_\_\_\_ )  No  N/A (If no children, select N/A)

For the remaining questions in this Financial Disclosure Statement, the term "member of your household" or "household member" will be defined as the person(s) who correspond to your "yes" answers above.

You are not required to disclose the names of your spouse or minor children when answering the questions below. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc. Please note that if you choose to identify your spouse or minor children by name, the Secretary of State's Office or other local filing officer are not expected to redact that information when posting this Financial Disclosure Statement on the Internet or providing it in response to a public records request.

### 2. Sources of Personal Compensation

**What to disclose:** In subsection (2)(a), provide the name and address of each employer who paid you or any member of your household more than \$1,000 in salary, wages, commissions, tips or other forms of compensation (other than "gifts") during the period covered by this report. Describe the nature of each employer's business and the type of services for which you or a member of your household were compensated.

In subsection (2)(b), if applicable, list anything of value that any other person (outside your household) received for your or a member of your household's use or benefit. For example, if a person was paid by a third-party to be your personal housekeeper, identify that person, describe the nature of that person's services that benefited you, and provide information about the third-party who paid for the services on your behalf.

You need not disclose income of a business, including money you or any member of your household received that constitutes income paid to a business that you or your household member owns or does business as. This type of business income will be disclosed in Question 11 below.

<sup>1</sup> If additional space is needed to report information on this Financial Disclosure Statement, select the appropriate reporting area and add additional rows to the form. For example, to report an additional employer's name in Section 2, right-click in any row, click "Insert," and click "Insert Rows Above" or "Insert Rows Below" as needed.

<sup>2</sup> Minor children include children 18 years old and younger whom you have joint or sole legal custody over.

**2. (cont.)**

**Subsection (2)(a):**

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>3</sup> BENEFITTED	NAME AND ADDRESS OF EMPLOYER WHO PROVIDED COMPENSATION > \$1,000	NATURE OF EMPLOYER'S BUSINESS	NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER FOR EMPLOYER

**Subsection (2)(b) (if applicable):**

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>3</sup> BENEFITTED	NAME AND ADDRESS OF PERSON WHO PROVIDED SERVICES VALUED OVER \$1,000 FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NATURE OF SERVICES PROVIDED BY PERSON FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NAME AND ADDRESS OF THIRD PARTY WHO PAID FOR PERSON'S SERVICES ON YOUR OR YOUR HOUSEHOLD MEMBER'S BEHALF

**3. Professional, Occupational and Business Licenses**

**What to disclose:** List all professional, occupational or business licenses held by you or any member of your household at any time during the period covered by this Financial Disclosure Statement.

This includes licenses in which you or a member of your household had an "interest," which includes (but is not limited to) any business license held by a "controlled" or "dependent" business as defined in Question 11 below.

<sup>3</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.  
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3. (cont.)

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>4</sup> AFFECTED	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE

4. Personal Creditors

**What to disclose:** The name and address of each creditor to whom you or a member of your household owed a qualifying personal debt<sup>5</sup> over \$1,000 during any point during the period covered by this Financial Disclosure Statement.

Additionally, if the qualifying personal debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the applicable box to indicate whether it was incurred or discharged (double-click the box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as "personal debt":

- Debts resulting from the ordinary conduct of a business (these will be disclosed in Section B below);
- Debts on any personal residence or recreational property;
- Debts on motor vehicles used primarily for personal purposes (not commercial purposes);
- Debts secured by cash values on life insurance;
- Debts owed to relatives;
- Personal credit card transactions or the value of any retail installment contracts you or your household member entered into.

<sup>4</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

<sup>5</sup> A "qualifying" debt is a personal debt *other than* the types of debts in the bullet point list above

4. (cont.)

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>4</sup> OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

5. Personal Debtors

**What to disclose:** The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Financial Disclosure Statement, along with the approximate value of the debt by financial category (double-click the applicable box and change the default value to "checked").

Additionally, if the debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check whether it was incurred or discharged (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>6</sup> OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

<sup>6</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.  
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**6. Gifts**

**What to disclose:** The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts during the preceding calendar year with a cumulative value over \$500, subject to the exceptions listed in the below "You need not disclose" paragraph. A "gift" means a gratuity (tip), special discount, favor, hospitality, service, economic opportunity, loan or other benefit received without adequate consideration (reciprocal value) and not provided to members of the public at large (in other words, a personal benefit you or your household member received without providing an equivalent benefit in return).

**Please note:** the concept of a "gift" for purposes of this Financial Disclosure Statement is separate and distinct from the gift restrictions outlined in Arizona's lobbying statutes. Thus, disclosure in a lobbying report does not relieve you or a member of your household's duty to disclose gifts in this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as "gifts":

- Gifts received by will;
- Gift received by intestate succession (in other words, gifts distributed to you or a household member according to Arizona's intestate succession laws, not by will);
- Gift distributed from an *inter vivos* (living) or testamentary (by will) trust established by a spouse or family member;
- Gifts received from any other member of the household;
- Gifts received by parents, grandparents, siblings, children and grandchildren; or
- Political campaign contributions reported on campaign finance reports.

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>7</sup> WHO RECEIVED GIFT(S) OVER \$500	NAME OF GIFT DONOR

<sup>7</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.  
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**7. Office, Position or Fiduciary Relationship in Businesses, Nonprofit Organizations or Trusts**

**What to disclose:** The name and address of each business, organization, trust or nonprofit organization or association in which you or any member of your household held any office, position, or fiduciary relationship during the period covered by this Financial Disclosure Statement, including a description of the office, position or relationship.

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>7</sup> HAVING THE REPORTABLE RELATIONSHIP	NAME AND ADDRESS OF BUSINESS, ORGANIZATION, TRUST, OR NONPROFIT ORGANIZATION OR ASSOCIATION	DESCRIPTION OF OFFICE, POSITION OR FIDUCIARY RELATIONSHIP HELD BY THE PUBLIC OFFICER OR HOUSEHOLD MEMBER

**8. Ownership or Financial Interests in Businesses, Trusts or Investment Funds**

**What to disclose:** The name and address of each business, trust, or investment fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000 during the period covered by this Financial Disclosure Statement. This includes stocks, annuities, mutual funds, or retirement funds. It also includes any financial interest in a limited liability company, partnership, joint venture, or sole proprietorship. Also, put a check mark to indicate the value of the interest (double-click the applicable box and change the default value to "checked").

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>8</sup> HAVING THE INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
			<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

<sup>8</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.  
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**9. Ownership of Bonds**

**What to disclose:** Bonds issued by a state or local government agency worth more than \$1,000 that you or a member of your household held during the period covered by this Financial Disclosure Statement. Also, put a check mark to indicate the value of the bonds (double-click the applicable box and change the default value to "checked").

Additionally, if the bonds were either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the bonds were acquired or divested (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the bonds were not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>a</sup> ISSUED BONDS	ISSUING STATE OR LOCAL GOVERNMENT AGENCY	APPROXIMATE VALUE OF BONDS	IF THE BONDS WERE FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested

**10. Real Property Ownership**

**What to disclose:** Arizona real property (land) and improvements which was owned by you or a member of your household during the period covered by this Financial Disclosure Statement, other than your primary residence or property you use for personal recreation. Also describe the property's location (city and state) and approximate size (acreage or square footage), and put a check mark to indicate the approximate value of the land (double-click the applicable box and change the default value to "checked").

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the land was acquired or divested (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

**You need not disclose:** Your primary residence or property you use for personal recreation.

10. (cont.)

PUBLIC OFFICER <sup>9</sup> OR HOUSEHOLD MEMBER <sup>9</sup> THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested

11. Travel Expenses

**What to disclose:** Each meeting, conference or other event during the period covered in this Financial Disclosure Statement where you participated in your official capacity and travel-related expenses of \$1,000 or more were paid on your behalf (or which you were reimbursed) for that meeting, conference, or other event. "Travel-related expenses" include, but are not limited to, the value of transportation, meals, and lodging to attend the meeting, conference, or other event.

**You need not disclose:** Any meeting, conference, or other event where paid or reimbursed travel-related expenses were less than \$1,000 or your personal monies were expended related to the travel.

NAME OF MEETING, CONFERENCE, OR EVENT ATTENDED IN OFFICIAL CAPACITY AS PUBLIC OFFICER	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

<sup>9</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.  
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**B. BUSINESS FINANCIAL INTERESTS**

This section requires disclosure of any financial interests of a business owned by you or a member of your household.

**12. Business Names**

**What to disclose:** The name of any business under which you or any member of your household owns or did business under (in other words, if you or your household member were self-employed) during the period covered by this Financial Disclosure Statement, which include any corporations, limited liability companies, partnerships, sole proprietorships or any other type of business conducted under a trade name.

Also disclose if the named business is controlled or dependent. A business is "controlled" if you or any member of your household (individually or combined) had an ownership interest that amounts to more than 50%. A business is classified as "dependent," on the other hand, if: (1) you or any household member (individually or combined) had an ownership interest that amounts more than 10%; and (2) the business received more than \$10,000 from a single source during the period covered by this Financial Disclosure Statement, which amounted to more than 50% of the business' gross income for the period.

**Please note:** If the business was either controlled or dependent, check whether it was controlled or dependent (double-click the appropriate box and change the default value to "checked") in the last column below. If the business was both controlled and dependent during the period covered by this Financial Disclosure Statement, check *both* boxes. Otherwise, leave the boxes in the last column below blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>10</sup> OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED" BY OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent

**Please note:** If a business listed in the foregoing Question 11 was neither "controlled" nor "dependent" during the period covered by this Financial Disclosure Statement, you need not complete the remainder of this Financial Disclosure Statement with respect to that business. If none of the businesses listed in Question 11 were "controlled" or "dependent," you need not complete the remainder of this Financial Disclosure Statement.

<sup>10</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.  
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**13. Controlled Business Information**

**What to disclose:** The name of each controlled business listed in Question 11 above, and the goods or services provided by the business.

If a single client or customer (whether a person or business) accounts for more than \$10,000 *and* 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your business provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below).

If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below.

**You need not disclose:** The name of any major client, or the activities of any major client that is an individual.

If you or your household member does not own a business, or if your or your household member's business is not a controlled business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY THE CONTROLLED BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CLIENT	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CLIENT (IF A BUSINESS)

**14. Dependent Business Information**

**What to disclose:** The name of each dependent business listed in Question 11 above, and the goods or services provided by the business.

If a single client or customer (whether a person or business) accounts for more than \$10,000 *and* 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your business provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below).

If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below. Likewise, if the dependent business is also a controlled business, disclose the business only in Question 12 above and leave this question blank.

**You need not disclose:** The name of any major client, or the activities of any major client that is an individual.

If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE DEPENDENT BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CUSTOMER	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CUSTOMER (IF A BUSINESS)

**15. Real Property Owned by a Controlled or Dependent Business**

**What to disclose:** Arizona real property (land) and improvements which was owned by a controlled or dependent business during the period covered by this Financial Disclosure Statement. Also describe the property's location (city and state) and approximate size (acreage or square footage), and put a check mark to indicate the approximate value of the land (double-click the applicable box and change the default value to "checked"). If the business is one that deals in real property and improvements, check the box that corresponds to the aggregate value of all parcels held by the business during the period covered by this Financial Disclosure Statement.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the land was acquired or divested (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

**You need not disclose:** If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested

**16. Controlled or Dependent Business' Creditors**

**What to disclose:** The name and address of each creditor to which a controlled or dependent business owed more than \$10,000, if that amount was also more than 30% of the business' total indebtedness at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt").

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check whether it was incurred or discharged (double-click the box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

**You need not disclose:** If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWING THE QUALIFYING DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

**17. Controlled or Dependent Business' Debtors**

**What to disclose:** The name of each debtor who owed more than \$10,000 to a controlled or dependent business, if that amount was also more than 30% of the total indebtedness owed to the controlled or dependent business at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt"). Also disclose the approximate value of the debt by financial category (double-click the applicable box and change the default value to "checked").

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check whether it was incurred or discharged (double-click the box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

**You need not disclose:** If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>11</sup> OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

<sup>11</sup> You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.  
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# Campaign Contribution Limits 2017-2018 Election Cycle

Effective January 1, 2017<sup>1</sup>

Contributor	Recipient				
	Statewide Candidate <sup>2</sup>	Legislative Candidate <sup>3</sup>	Local Candidate <sup>4</sup>	PAC <sup>5</sup>	Political Party <sup>6</sup>
Individual	\$5,100 <sup>7</sup>	\$5,100 <sup>8</sup>	\$6,350 <sup>9</sup>	Unlimited <sup>10</sup>	Unlimited <sup>11</sup>
Partnership	\$5,100 <sup>12</sup>	\$5,100 <sup>13</sup>	\$6,350 <sup>14</sup>	Unlimited <sup>15</sup>	Unlimited <sup>16</sup>
Candidate Committee	Generally prohibited (except donation of surplus funds) <sup>17</sup>	Generally prohibited (except donation of surplus funds) <sup>18</sup>	Generally prohibited (except donation of surplus funds) <sup>19</sup>	Unlimited <sup>20</sup>	Unlimited <sup>21</sup>
PAC without Mega PAC status (using non-corporate/ non-union funds) <sup>22</sup>	\$5,100 <sup>23</sup>	\$5,100 <sup>24</sup>	\$6,350 <sup>25</sup>	Unlimited <sup>26</sup>	Unlimited <sup>27</sup>
PAC with Mega PAC status (using non-corporate/ non-union funds) <sup>28</sup>	\$10,200 <sup>29</sup>	\$10,200 <sup>30</sup>	\$12,700 <sup>31</sup>	Unlimited <sup>32</sup>	Unlimited <sup>33</sup>
Political Party (using non-corporate/non-union funds) <sup>34</sup>	\$80,100 (to a party nominee only) <sup>35</sup>	\$8,100 (to a party nominee only) <sup>36</sup>	\$10,100 (to a party nominee only) <sup>37</sup>	Unlimited <sup>38</sup>	Unlimited <sup>39</sup>
Corporation	Prohibited <sup>40</sup>	Prohibited <sup>41</sup>	Prohibited <sup>42</sup>	Unlimited <sup>43</sup>	Unlimited <sup>44</sup>
Limited Liability Company	Prohibited <sup>45</sup>	Prohibited <sup>46</sup>	Prohibited <sup>47</sup>	Unlimited <sup>48</sup>	Unlimited <sup>49</sup>
Trust, Joint Venture, Cooperative, or Other Unincorporated Organization or Association	Prohibited <sup>50</sup>	Prohibited <sup>51</sup>	Prohibited <sup>52</sup>	Unlimited <sup>53</sup>	Unlimited <sup>54</sup>
Union	Prohibited <sup>55</sup>	Prohibited <sup>56</sup>	Prohibited <sup>57</sup>	Unlimited <sup>58</sup>	Unlimited <sup>59</sup>

<sup>1</sup> In January of each odd-numbered year, the Secretary of State is required to increase the contribution limits specified in Title 16, Chapter 6, Article 1.2 by \$100. A.R.S. § 16-931(A)(2). The Arizona Citizens Clean Elections Commission published a regulation in the Arizona Administrative Code, R2-20-111(F), that purports to limit the biennial contribution limit increase to \$80 in lieu of \$100. However, the Commission's regulation is contrary to A.R.S. § 16-941(B) and therefore unenforceable against privately-funded candidates.

<sup>2</sup> A statewide candidate is a candidate for the office of Governor, Secretary of State, State Treasurer, Attorney General, Superintendent of Public Instruction, Corporation Commissioner or Mine Inspector. A.R.S. § 16-901(49).

<sup>3</sup> A legislative candidate is a candidate for the office of Representative in the State House of Representatives or Senator in the State Senate. A.R.S. § 16-901(36).

<sup>4</sup> A local candidate is a candidate for county, city, town, or district office.

<sup>5</sup> A "PAC" or "political action committee" is an entity or group that is required to register as a political action committee because it (1) is organized for the primary purpose of influencing the result of an election, and (2) knowingly received contributions or made expenditures (in any combination) of at least \$1,000 in connection with any election during a calendar year. A.R.S. §§ 16-901(41); 16-905(B).

<sup>6</sup> A "political party" is an officially recognized political party at the state, legislative district, county, city or town level that has qualified as a political party pursuant to Title 16, Chapter 5. A.R.S. § 16-901(42); see also A.R.S. §§ 16-801 to 16-828.

<sup>7</sup> A.R.S. § 16-912(A)(3). Base contribution limits are reduced by 20% pursuant to A.R.S. § 16-941(B), but increased by \$100 pursuant to A.R.S. § 16-931(A)(2).

<sup>8</sup> A.R.S. § 16-912(A)(2). Base contribution limits are reduced by 20% pursuant to A.R.S. § 16-941(B), but increased by \$100 pursuant to A.R.S. § 16-931(A)(2).

<sup>9</sup> A.R.S. § 16-912(A)(1). Base contribution limits are increased by \$100 pursuant to A.R.S. § 16-931(A)(2).

<sup>10</sup> A.R.S. § 16-912(B).

<sup>11</sup> A.R.S. § 16-912(B).

<sup>12</sup> A.R.S. § 16-917(A)(3). Base contribution limits are reduced by 20% pursuant to A.R.S. § 16-941(B), but increased by \$100 pursuant to A.R.S. § 16-931(A)(2).

- <sup>13</sup> A.R.S. § 16-917(A)(2). Base contribution limits are reduced by 20% pursuant to A.R.S. § 16-941(B), but increased by \$100 pursuant to A.R.S. § 16-931(A)(2).
- <sup>14</sup> A.R.S. § 16-917(A)(1). Base contribution limits are increased by \$100 pursuant to A.R.S. § 16-931(A)(2).
- <sup>15</sup> A.R.S. § 16-917(B).
- <sup>16</sup> A.R.S. § 16-917(B).
- <sup>17</sup> A.R.S. § 16-913(A); *see also* A.R.S. § 16-933(A)(3).
- <sup>18</sup> A.R.S. § 16-913(A); *see also* A.R.S. § 16-933(A)(3).
- <sup>19</sup> A.R.S. § 16-913(A); *see also* A.R.S. § 16-933(A)(3).
- <sup>20</sup> A.R.S. § 16-913(E).
- <sup>21</sup> A.R.S. § 16-913(E).
- <sup>22</sup> A "PAC" or "political action committee" is an entity or group that is required to register as a political action committee because it (1) is organized for the primary purpose of influencing the result of an election; and (2) knowingly received contributions or made expenditures (in any combination) of at least \$1,000 in connection with any election during a calendar year. A.R.S. §§ 16-901(41); 16-905(B). A PAC without "Mega PAC" status is permitted to contribute at the same levels as an individual. A.R.S. § 16-914(A); *see also* A.R.S. §§ 16-901(37) and 16-908 (defining conditions to achieve Mega PAC status).
- <sup>23</sup> A.R.S. § 16-914(A)(3). Base contribution limits are reduced by 20% pursuant to A.R.S. § 16-941(B), but increased by \$100 pursuant to A.R.S. § 16-931(A)(2).
- <sup>24</sup> A.R.S. § 16-914(A)(2). Base contribution limits are reduced by 20% pursuant to A.R.S. § 16-941(B), but increased by \$100 pursuant to A.R.S. § 16-931(A)(2).
- <sup>25</sup> A.R.S. § 16-914(A)(1). Base contribution limits are increased by \$100 pursuant to A.R.S. § 16-931(A)(2).
- <sup>26</sup> A.R.S. § 16-914(D).
- <sup>27</sup> A.R.S. § 16-914(D).
- <sup>28</sup> A "PAC" or "political action committee" is an entity or group that is required to register as a political action committee because it (1) is organized for the primary purpose of influencing the result of an election; and (2) knowingly received contributions or made expenditures (in any combination) of at least \$1,000 in connection with any election during a calendar year. A.R.S. §§ 16-901(41); 16-905(B). A PAC with "Mega PAC" status is permitted to contribute at twice levels as an individual or regular PAC. A.R.S. § 16-914(B). "Mega PAC" status means official recognition that a PAC has received contributions from five hundred or more individuals in amounts of ten dollars or more in the four-year period immediately before application to the Secretary of State. A.R.S. §§ 16-901(37) and 16-908.
- <sup>29</sup> A.R.S. § 16-914(B).
- <sup>30</sup> A.R.S. § 16-914(B).
- <sup>31</sup> A.R.S. § 16-914(B).
- <sup>32</sup> A.R.S. § 16-914(D).
- <sup>33</sup> A.R.S. § 16-914(D).
- <sup>34</sup> A "political party" is an officially recognized political party at the state, legislative district, county, city or town level that has qualified as a political party pursuant to Title 16, Chapter 5. A.R.S. § 16-901(42); *see also* A.R.S. §§ 16-801 to 16-828.
- <sup>35</sup> A.R.S. § 16-915(A)(3). Base contribution limits are reduced by 20% pursuant to A.R.S. § 16-941(B), but increased by \$100 pursuant to A.R.S. § 16-931(A)(2).
- <sup>36</sup> A.R.S. § 16-915(A)(2). Base contribution limits are reduced by 20% pursuant to A.R.S. § 16-941(B), but increased by \$100 pursuant to A.R.S. § 16-931(A)(2).
- <sup>37</sup> A.R.S. § 16-915(A)(1). Base contribution limits are increased by \$100 pursuant to A.R.S. § 16-931(A)(2).
- <sup>38</sup> A.R.S. § 16-915(D).
- <sup>39</sup> A.R.S. § 16-915(D).
- <sup>40</sup> A.R.S. § 16-916(A).
- <sup>41</sup> A.R.S. § 16-916(A).
- <sup>42</sup> A.R.S. § 16-916(A).
- <sup>43</sup> A.R.S. § 16-916(B).
- <sup>44</sup> A.R.S. § 16-916(B).
- <sup>45</sup> A.R.S. § 16-916(A).
- <sup>46</sup> A.R.S. § 16-916(A).
- <sup>47</sup> A.R.S. § 16-916(A).
- <sup>48</sup> A.R.S. § 16-916(B).
- <sup>49</sup> A.R.S. § 16-916(B).
- <sup>50</sup> A.R.S. § 16-913(D).
- <sup>51</sup> A.R.S. § 16-913(D).
- <sup>52</sup> A.R.S. § 16-913(D).
- <sup>53</sup> A.R.S. § 16-911(A).
- <sup>54</sup> A.R.S. § 16-911(A).
- <sup>55</sup> A.R.S. § 16-916(A).
- <sup>56</sup> A.R.S. § 16-916(A).
- <sup>57</sup> A.R.S. § 16-916(A).
- <sup>58</sup> A.R.S. § 16-916(B).
- <sup>59</sup> A.R.S. § 16-916(B).