

Initial Application
 Amended Application
Date: 7/28/2017



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

2017-01

FILED WITH
CITY CLERK

Date 7/28/17 Hr. 1:30 P.M

COMMITTEE TYPE (choose one):

Candidate

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

STEVE BLAIR FOR PRESCOTT CITY COUNCIL

Sign.

M. Scott

Candidate Information:

Candidate's Name (required): STEVEN E. BLAIR

Candidate's mailing address (required): 1802 NORTHSIDE DRIVE

Candidate's email address (required): SBLAIR1802@CABLEONE.NET

Candidate's phone number (required): 928-710-1962

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: CITY COUNCIL 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)



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2017-01

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Date: 7/28/17

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 1802 NORTHSIDE DRIVE
 Committee's email address (required): SBLAIR1802@CABLEONE.NET
 Committee's phone number (if any): 928-710-1962
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): STEVE BLAIR
 Chairperson's physical address (required): 1802 NORTHSIDE DRIVE
 Chairperson's mailing address (if different): SAME
 Chairperson's email address (required): SBLAIR1802@CABLEONE.NET
 Chairperson's phone number (required): 928-710-1962
 Chairperson's employer (required): SELF
 Chairperson's occupation (required): RETAIL WINDOW COVERINGS

Treasurer's Information: Treasurer's name (required): STEVE BLAIR
 Treasurer's physical address (required): 1802 NORTHSIDE DR.
 Treasurer's mailing address (if different): SAME
 Treasurer's email address (required): SBLAIR1802@CABLEONE.NET
 Treasurer's phone number (required): 928-710-1962
 Treasurer's employer (required): SELF
 Treasurer's occupation (required): RETAIL WINDOW COVERINGS

Bank or Financial Institution: Bank name (required): COUNTRY BANK PRESCOTT
 (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: STEVE BLAIR Date: 7/28/17
 Treasurer's signature: STEVE BLAIR Date: 7/29/17
 Candidate's signature (if applicable): [Signature] Date: 7/29/17