

Initial Application
 Amended Application
Date: 4/17/17



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

2017-14

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information: Candidate's Name (required): Greg Mengarelli
Candidate's mailing address (required): 691 Hassayampa Village Ln, Prescott
Candidate's email address (required): gregmengarelli9@gmail.com
Candidate's phone number (required): 928-710-1694
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: Mayor District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2017

Party Affiliation: Democrat Green Libertarian Republican Other: _____
(required for partisan offices)

FILED WITH
CITY CLERK

Political Action Committee (PAC)

Committee Name (required): _____
(if sponsored, must include sponsor's name)

Date 4-17-17 Hr. 2:38 p.m.

Sign. [Signature]

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 (if applicable): Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
 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 (if applicable): Standing Committee (must also complete separate standing committee registration)

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 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
2017-14

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 11084, Prescott, 86304
 Committee's email address (required): pjones1912@gmail.com
 Committee's phone number (if any): 928-771-0978
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Pam Jones
 Chairperson's physical address (required): 2760 Whispering Way Cir, Prescott
 Chairperson's mailing address (if different): PO Box 191, Prescott, AZ, 86302
 Chairperson's email address (required): pjones1912@gmail.com
 Chairperson's phone number (required): 928-771-0978
 Chairperson's employer (required): Self
 Chairperson's occupation (required): Healthcare consultant

Treasurer's Information: Treasurer's name (required): Malcolm Barrett
 Treasurer's physical address (required): 2054 N Old Kettle Dr, Prescott AZ 86305
 Treasurer's mailing address (if different): PO Box 11084, Prescott, AZ, 86304
 Treasurer's email address (required): mbarrett@cableone.net
 Treasurer's phone number (required): 928-776-1881
 Treasurer's employer (required): Retired
 Treasurer's occupation (required): Retired

Bank or Financial Institution: Bank name (required): Country 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: Pamela E. Jones Date: 4/12/17
 Treasurer's signature: Malcolm Barrett Date: 4-12-17
 Candidate's signature (if applicable): [Signature] Date: 4/12/17