

Initial Application
 Amended Application
 Date: May 15, 2017



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
2017-12

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Alexa Scholl for Prescott City Council
 (first or last name & office)

Candidate Information: Candidate's Name (required): Alexa Scholl
 Candidate's mailing address (required): PO Box 11678, Prescott, AZ 86304
 Candidate's email address (required): alexa@alexaforprescott.com
 Candidate's phone number (required): 928-445-6277
 Candidate's website (if any): www.alexaforprescott.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: City Council 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**

Date 5-18-17 Hr. 3:26 p
 Sign. Dana Dely

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 (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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COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): <u>PO Box 11678, Prescott, AZ 86304</u>
	Committee's email address (required): <u>alexa@alexaforprescott.com</u>
	Committee's phone number (if any): <u>928-445-6277</u>
	Committee's website (if any): <u>www.alexaforprescott.com</u>
Chairperson's Information:	Chairperson's name (required): <u>Alexa Scholl</u>
	Chairperson's physical address (required): <u>721 Country Club Dr, Prescott, AZ 86303</u>
	Chairperson's mailing address (if different): <u>PO Box 11678, Prescott, AZ 86304</u>
	Chairperson's email address (required): <u>alexa@alexaforprescott.com</u>
	Chairperson's phone number (required): <u>928-445-6277</u>
	Chairperson's employer (required): <u>Student</u>
	Chairperson's occupation (required): <u>Student</u>
Treasurer's Information:	Treasurer's name (required): <u>John Scholl</u>
	Treasurer's physical address (required): <u>721 Country Club Dr., Prescott, AZ 86303</u>
	Treasurer's mailing address (if different): _____
	Treasurer's email address (required): <u>scholl1008@gmail.com</u>
	Treasurer's phone number (required): <u>928-445-6277</u>
	Treasurer's employer (required): <u>Chino Valley USD</u>
	Treasurer's occupation (required): <u>School Superintendent</u>
Bank or Financial Institution:	Bank name (required): <u>OneAZ Credit Union</u>
(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: <u>Alexa Scholl</u>	Date: <u>5/15/17</u>
Treasurer's signature: <u>John E. Scholl</u>	Date: <u>5/15/17</u>
Candidate's signature (if applicable): <u>Alexa Scholl</u>	Date: <u>5/15/17</u>