



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

2017-04

Initial Application
 Amended Application
Date: _____

COMMITTEE TYPE (choose one):

Candidate

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

Wilcox for Mayor

Candidate Information:

Candidate's Name (required): Jean E. Wilcox
Candidate's mailing address (required): 292 Jacob Lane, Prescott
Candidate's email address (required): jw86004@gmail.com
Candidate's phone number (required): 928-310-8206
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 2/21/17 Hr. 10:03a.M

Sign. Dennis L. Doherty

Political Function (optional):
(select any that apply)

Contributions Candidate-Related Independent Expenditures
 Ballot Measure Expenditures Recall Expenditures

Sponsorship Information:
(if applicable)

Sponsor's name or nickname (required): _____
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 INFORMATION:

Contact Information:

Committee's mailing address (required): 292 Jacob Lane, Prescott
Committee's email address (required): jw86004@gmail.com
Committee's phone number (if any): 928-310-8206
Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): ELISABETH F. RUFFNER
Chairperson's physical address (required): 2014 ACORN DRIVE PRESCOTT AZ 86305
Chairperson's mailing address (if different): → elisabethf19@cableone.net
Chairperson's email address (required): elisabeth.ruffner
Chairperson's phone number (required): 928-445-5644
Chairperson's employer (required): self
Chairperson's occupation (required): writer

Treasurer's Information:

Treasurer's name (required): ROD MOYER
Treasurer's physical address (required): 1058 HIGHLAND CIR
Treasurer's mailing address (if different): SAME
Treasurer's email address (required): rodmoyer@yahoo.com
Treasurer's phone number (required): 928-778-2825
Treasurer's employer (required): retired
Treasurer's occupation (required): retired engineer

Bank or Financial Institution:
(do not list acct numbers)

Bank name (required): BBVA COMPASS BANK
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: Elisabeth Ruffner Date: 02-17-17

Treasurer's signature: Rod Moyer Date: 2/21/2017

Candidate's signature (if applicable): Jean Ewings Date: 2/21/17