☒ Initial Application
☐ Amended Application
Date: _____

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)
~~GG2011-003~~
2017-15

COMMITTEE TYPE (choose one):

☐ **Candidate**

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

FILED WITH CITY CLERK
Date 8/24/17 Hr. 1:40 P M
Sign. M Scott

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

☒ **Political Action Committee (PAC)**

Committee Name (required): (if sponsored, must include sponsor's name) GOOD GOVERNANCE COMMITTEE

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)

☒ Initial Application
☐ Amended Application
Date: 8/18/2017

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
~~CC2017-003~~
2017-15

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): PO Box 61, Prescott AZ 86301-0061
Committee's email address (required): imeyer@northlink.com
Committee's phone number (if any): 928-277-6282
Committee's website (if any): www.prescottgoodgovernance.org

Chairperson's Information:
Chairperson's name (required): Lindsay Ann Bell
Chairperson's physical address (required): 368 Dogwood Ln Prescott AZ 86301
Chairperson's mailing address (if different):
Chairperson's email address (required): m-lbell@msn.com
Chairperson's phone number (required): 928-778-0348
Chairperson's employer (required): Self
Chairperson's occupation (required): Retired

Treasurer's Information:
Treasurer's name (required): Iyone A Meyer
Treasurer's physical address (required): 1747 Pacific Ave
Treasurer's mailing address (if different):
Treasurer's email address (required): imeyer@northlink.com
Treasurer's phone number (required): 928-277-6282
Treasurer's employer (required): Self
Treasurer's occupation (required): Retired

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): OneAZ Credit Union
Additional bank name (ifapplicable): National Bank of Arizona
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: Lindsay Ann Bell Date: 8-24-2017

Treasurer's signature: Iyone A Meyer Date: 8/18/2017

Candidate's signature (if applicable): Date:

Date: 08/21/2017

STATE OF ARIZONA COMMITTEE TERMINATION STATEMENT

COMMITTEE ID NUMBER
CC2011-003

COMMITTEE INFORMATION:

Committee name: The Good Governance Committee

Mailing address: PO BOX 61

Email address: Prescott AZ 86302-0061

Phone number: 928-277-6282

Website: www.prescottgoodgovernance.org

Chairperson name: Peter Pierson

Treasurer: Iyone A Meyer

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that: (1) the committee will no longer receive any contributions or make any disbursements; (2) the committee either (a) has no outstanding debts or obligations, or (b) has outstanding debts or obligations that are all more than five years old, and the committee's creditors have agreed to discharge the debts and obligations and have agreed to the termination of the committee; (3) any surplus monies have been disposed of and that the committee has no cash on hand; and (4) all contributions and expenditures have been reported, including any disposal of surplus monies.

Chairperson's signature: _____ Date: 8/23/17

Treasurer's signature: Iyone A Meyer Date: 08/18/2017

Candidate's signature (if applicable): _____ Date: _____

FILED WITH
CITY CLERK
Date 8/24/17 Hr. 1:40 PM
Sign. MScott