



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(officer use only)

2017-13

Initial Application
Amended Application
Date:

COMMITTEE TYPE (choose one):

FILED WITH
CITY CLERK

Candidate

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

Date 4/5/17 Hr. 3:42 P.M

Candidate Information:

Candidate's Name (required):

Sign. Renu Drey

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: Democrat Green Libertarian Republican Other:

Political Action Committee (PAC)

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

NO ON PROPOSITION 443

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):

JOHN LAMERSON

Sponsor's mailing address (required):

2601 N. WILLIAMSON VLY RD PRESOTT

Sponsor's email address (required):

JWLAMERSON@OUTLOOK.COM 86305

Sponsor's phone number (if any):

928-277-4010

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: \_\_\_\_\_



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
2017-13

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): PO BOX 1913 PRESCOTT 86302  
 Committee's email address (required): JOHN@AZTAXPROS.ORG  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): JOHN W LAMERSON  
 Chairperson's physical address (required): 2601 N. WILLIAMSON VLY RD PRESCOTT 86305  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): JWLAMERSON@OUTLOOK.COM  
 Chairperson's phone number (required): 277-4010  
 Chairperson's employer (required): RETIRED  
 Chairperson's occupation (required): \_\_\_\_\_

**Treasurer's Information:** Treasurer's name (required): JOHN STEVENS  
 Treasurer's physical address (required): 141 S. MCCORMICK #112 86301  
 Treasurer's mailing address (if different): PO BOX 1913 PRESCOTT 86302  
 Treasurer's email address (required): JOHN@AZTAXPROS.ORG  
 Treasurer's phone number (required): 443-0830  
 Treasurer's employer (required): SELF  
 Treasurer's occupation (required): TAX PREPARER

**Bank or Financial Institution:** Bank name (required): MOHAVE BANK / 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: [Signature] Date: 04/05/2017  
 Treasurer's signature: [Signature] Date: 04/05/2017  
 Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_