

- Initial Application
- Amended Application

Date: 2/1/19



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

2019-005

COMMITTEE TYPE (choose one):

**FILED WITH
CITY CLERK**

Date 2/1/19 Hr. 10:35 A M
Sign. MScott

Candidate

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

Re elect Mayor Mengarelli

Candidate Information:

Candidate's Name (required): Greg Mengarelli
 Candidate's mailing address (required): 691 Hassayampa Village Ln. Prescott 86303
 Candidate's email address (required): gregmengarelli@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: Prescott Mayor District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2019

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)

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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(office use only)

2019-005

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): P.O. Box 2584, Prescott 86302
Committee's email address (required): PJones1912@gmail.com
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): Alex Vakula
Chairperson's physical address (required): 203 E. Union St., Prescott 86303
Chairperson's mailing address (if different): _____
Chairperson's email address (required): Alex@Prescott.Law
Chairperson's phone number (required): 928-642-2600
Chairperson's employer (required): Self-employed
Chairperson's occupation (required): ATTORNEY

Treasurer's Information:

Treasurer's name (required): Pamela E. Jones
Treasurer's physical address (required): 2760 Whispering Way Circle - Prescott 86303
Treasurer's mailing address (if different): P.O. Box 191, Prescott, 86302
Treasurer's email address (required): Pjones1912@gmail.com
Treasurer's phone number (required): 928-771-0978
Treasurer's employer (required): self-employed
Treasurer's occupation (required): Health care consultant

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

Bank name (required): COUNTRY 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: [Signature] Date: 1/31/19

Treasurer's signature: Pamela E. Jones Date: 1/31/2019

Candidate's signature (if applicable): [Signature] Date: 1/31/2019