



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)
2019-003

Initial Application
 Amended Application
Date: **9/10/19**

COMMITTEE TYPE (choose one):

Candidate

Re-elect
JIM LAMERSON FOR CITY COUNCIL

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

Candidate Information:

Candidate's Name (required): **JIM LAMERSON**
Candidate's mailing address (required): **955 ANGLEWITZ DR PRESCOTT 86703**
Candidate's email address (required): **LAMERSONJ@AZHHS.COM**
Candidate's phone number (required): **928-445-6304 771-0921**
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: **COUNCILMAN** 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)

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): LAMERSON'S JEWELRY 105 N CORPZ
Committee's email address (required): LAMERSONS @ YAHOO.COM
Committee's phone number (if any): 928-771-0921
Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): _____
Chairperson's physical address (required): JIM LAMERSON
Chairperson's mailing address (if different): 456 ANGELOITA DR
Chairperson's email address (required): _____
Chairperson's phone number (required): SAME
Chairperson's employer (required): _____
Chairperson's occupation (required): SELF

Treasurer's Information:

Treasurer's name (required): STEVE BLAIR
Treasurer's physical address (required): WINDOW COVERING 1802 NORTH SADDL
Treasurer's mailing address (if different): _____
Treasurer's email address (required): S.BLAIR 1802 @ CABLE ONE
Treasurer's phone number (required): 928-771-1962
Treasurer's employer (required): SELF
Treasurer's occupation (required): WINDOW COVERING

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

Bank name (required): COUNTY 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: 9/6/19

Treasurer's signature: [Signature] Date: 9/9/19

Candidate's signature (if applicable): [Signature] Date: 9/6/19