

Initial Application

Amended Application

Date: 16/APRIL/2021



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

COMMITTEE TYPE (choose one):

FILED WITH  
CITY CLERK  
Date 4/23/2021 11:22 AM  
Sign [Signature]

**Candidate**

Committee Name (required): GRANT QUEZADA CITY COUNCIL  
(first or last name & office)

Candidate Information: Candidate's Name (required): GRANT QUEZADA  
Candidate's mailing address (required): [Redacted]  
Candidate's email address (required): [Redacted]  
Candidate's phone number (required): [Redacted]  
Candidate's website (if any): NOT YET COMPLETE

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 COUNCIL  District (if applicable):

Election Cycle for Office Sought (year the election will take place) (required): 2021

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): REPUBLICAN  
(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: 16 APRIL 2021



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

## COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): ██████████ PRESCOTT AZ, 86305  
Committee's email address (required): ██████████  
Committee's phone number (if any): ██████████  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): JAMES DAVIS  
Chairperson's physical address (required): ██████████ PRESCOTT AZ, 86301  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): ██████████  
Chairperson's phone number (required): ██████████  
Chairperson's employer (required): ASTRA VEDA CORPORATION  
Chairperson's occupation (required): CHIEF EXECUTIVE

**Treasurer's Information:** Treasurer's name (required): COREY BIRD  
Treasurer's physical address (required): ██████████ PRESCOTT AZ 86305  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): ██████████  
Treasurer's phone number (required): ██████████  
Treasurer's employer (required): MERCER ADVISOR  
Treasurer's occupation (required): FINANCIAL ADVISOR

**Bank or Financial Institution:** Bank name (required): PINNACLE 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:  Date: Apr 22, 2021  
James Davis (Apr 22, 2021 07:47 PDT)

Treasurer's signature:  Date: Apr 22, 2021  
Corey Bird (Apr 22, 2021 06:18 PDT)

Candidate's signature (if applicable):  Date: Apr 23, 2021  
Grant Quezada (Apr 23, 2021 10:42 PDT)