

Initial Application  
 Amended Application  
Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
PC18-003

NOV 21 2017

COMMITTEE TYPE (choose one):

Town of Queen Creek

**Candidate**

Committee Name (required): Friends of Dawn Oliphant  
(first or last name & office)

Candidate Information:

Candidate's Name (required): Dawn Oliphant

Candidate's mailing address (required): 20449 E. Appaloosa DR QC, 85142

Candidate's email address (required): dawn4towncouncil@gmail.com

Candidate's phone number (required): 602-770-0232

Candidate's website (if any): www.dawnoliphant.com

Office Sought (choose one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Secretary of State	<input type="checkbox"/> Attorney General	<input type="checkbox"/> State Treasurer
<input type="checkbox"/> Superintendent of Public Instruction	<input type="checkbox"/> State Mine Inspector	<input type="checkbox"/> Corporation Commissioner	
<input type="checkbox"/> State Senate	<input type="checkbox"/> State House of Representatives	<input type="checkbox"/> District (required): _____	
<input type="checkbox"/> County Office: _____	<input type="checkbox"/> District (if applicable): _____		
<input checked="" type="checkbox"/> City/Town Office: <u>Queen Creek</u>	<input type="checkbox"/> District (if applicable): _____		

Election Cycle for Office Sought (year the election will take place) (required): 2018

Party Affiliation: (required for partisan offices)

<input type="checkbox"/> Democrat	<input type="checkbox"/> Green	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Republican	<input type="checkbox"/> Other: _____
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**Political Action Committee (PAC)**

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

Political Function (optional): (select any that apply)

<input type="checkbox"/> Contributions	<input type="checkbox"/> Candidate-Related Independent Expenditures
<input type="checkbox"/> Ballot Measure Expenditures	<input type="checkbox"/> 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)

<input type="checkbox"/> Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
<input type="checkbox"/> Standing Committee (must also complete separate standing committee registration)
<input type="checkbox"/> 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:

<input type="checkbox"/> State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
<input type="checkbox"/> County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
<input type="checkbox"/> Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
<input type="checkbox"/> City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable)

<input type="checkbox"/> Standing Committee (must also complete separate standing committee registration)
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**STATE OF ARIZONA**  
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**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 20449 E. Appaloosa DR.  
 Committee's email address (required): dawn4towncouncil@gmail.com  
 Committee's phone number (if any): 602-770-0232  
 Committee's website (if any): www.dawnoliphant.com

**Chairperson's Information:** Chairperson's name (required): Dawn Oliphant  
 Chairperson's physical address (required): 20449 E. Appaloosa DR.  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): dawn4towncouncil.com  
 Chairperson's phone number (required): 602-770-0232  
 Chairperson's employer (required): Self Employed  
 Chairperson's occupation (required): Wellness Advocate

**Treasurer's Information:** Treasurer's name (required): Tracy Johnson  
 Treasurer's physical address (required): 21100 E. Twin Acres, QC  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): realestatebytracyj@gmail.com  
 Treasurer's phone number (required): 602-549-6693  
 Treasurer's employer (required): AZ Cash Back Brokerage  
 Treasurer's occupation (required): Realtor

**Bank or Financial Institution:** Bank name (required): Chase  
 (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: Dawn Oliphant Date: 11/21/17

Treasurer's signature: Tracy Johnson Date: 11/21/17

Candidate's signature (if applicable): Dawn Oliphant Date: 11/21/17