

- Initial Application
 - Amended Application
- Date: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)
PC 22-002

RECEIVED
FEB 02 2022
BY: _____

COMMITTEE TYPE (choose one):

Candidate

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

Friends of Dawn Oliphant

Candidate Information:

Candidate's Name (required): Dawn Renee Oliphant
 Candidate's mailing address (required): 22557 E. Stonecrest Drive
 Candidate's email address (required): dawn4towncouncil@gmail.com
 Candidate's phone number (required): 602-770-0232
 Candidate's website (if any): _____

Office Sought (choose one):

- County Office: _____ District (if applicable): _____
 City/Town Office: Councilmember District (if applicable): _____
 School Board Office: _____ District (if applicable): _____
 Special District Board: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): Primary 2022

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)

Initial Application
 Amended Application
Date: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

PC22-002

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 22557 E. Stonecrest DR QC, AZ
Committee's email address (required): dawn4towncouncil@gmail.com
Committee's phone number (if any): 602-770-0232
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Dawn Oliphant
Chairperson's physical address (required): 22557 E. Stonecrest DR QC, AZ
Chairperson's mailing address (if different): same
Chairperson's email address (required): dawn4towncouncil@gmail.com
Chairperson's phone number (required): 602-770-0232
Chairperson's employer (required): Self-Employed
Chairperson's occupation (required): Consultant

Treasurer's Information: Treasurer's name (required): Jeff Brown
Treasurer's physical address (required): 23011 S. 210th St. QC, 85142
Treasurer's mailing address (if different): same as above
Treasurer's email address (required): jbforqc@gmail.com
Treasurer's phone number (required): 480-586-8127
Treasurer's employer (required): Consultant
Treasurer's occupation (required): Self Employed Consulting

Bank or Financial Institution: Bank name (required): BMO HARRIS
(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 16-908; 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: 2-2-22

Treasurer's signature: Jeff Brown Date: 2-2-22

Candidate's signature (if applicable): _____ Date: _____