

Initial Application  
 Amended Application  
Date: 8/21/18



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
18-04

RECEIVED  
AUG 21 2018  
10:01 AM T. POTH

City of Litchfield Park  
919 N. DYSART RD, SUITE F, AVONDALE, AZ

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): \_\_\_\_\_  
Committee's email address (required): RFATH@COX.NET  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

Chairperson's Information: Chairperson's name (required): PAUL FAITH  
Chairperson's physical address (required): 400 N. JASMINE, LITCHFIELD PARK 85340  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): RFATH@COX.NET  
Chairperson's phone number (required): 623-932-0430  
Chairperson's employer (required): FAITH LEONARD FAITH  
Chairperson's occupation (required): ATTORNEY

Treasurer's Information: Treasurer's name (required): SAA  
Treasurer's physical address (required): SAA  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): SAA  
Treasurer's phone number (required): SAA  
Treasurer's employer (required): SAA  
Treasurer's occupation (required): SAA

Bank or Financial Institution: Bank name (required): NONE  
(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: 8/20/19

Treasurer's signature: \_\_\_\_\_ Date: 8/20/18

Candidate's signature (if applicable): \_\_\_\_\_ Date: 8/20/18



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

18-04

10:01 Am T. Roth  
City of Litchfield Park

Initial Application  
 Amended Application  
Date: 8/21/18

COMMITTEE TYPE (choose one):

Candidate

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

PAUL J. FAITH

Candidate Information:

Candidate's Name (required):

PAUL J. FAITH

Candidate's mailing address (required):

400N. JAMES ELLIOTT AVE 85340

Candidate's email address (required):

JEFF@PAULJFAITH.COM

Candidate's phone number (required):

602 932 0430

Candidate's website (if any):

N/A

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:

LITCHFIELD

District (if applicable):

City/Town Office:

Councilmember

District (if applicable):

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

2018

Party Affiliation:  
(required for partisan offices)

- Democrat
- Green
- Libertarian
- Republican
- Other: N/A

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)