

RECEIVED

JUL 16 2018

Initial Application
 Amended Application
Date: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

Town of Cave Creek
COMMITTEE ID NUMBER
(office use only)
2018-05

COMMITTEE TYPE (choose one):

Candidate

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

ELKET
BOB MORRIS FOR ~~CAVE CREEK~~ COUNCIL

Candidate Information:

Candidate's Name (required):

BOB MORRIS

Candidate's mailing address (required):

6070 E Cielo Run S, Cave Creek

Candidate's email address (required):

jacittlitz@yahoo.com 85331

Candidate's phone number (required):

480-563-9015

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: COUNCIL

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 (FAC)

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

ELECT BOB MORRIS

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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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 6020 E Cielo Run S, CAVE CREEK
Committee's email address (required): jacitti2@yahoo.com
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): BOB MORRIS
Chairperson's physical address (required): 6020 E Cielo Run S, CAVE CREEK
Chairperson's mailing address (if different): _____
Chairperson's email address (required): jacitti2@yahoo.com
Chairperson's phone number (required): _____
Chairperson's employer (required): _____
Chairperson's occupation (required): RETIRED

Treasurer's Information: Treasurer's name (required): BOB MORRIS
Treasurer's physical address (required): 6020 E Cielo Run S, 85331
Treasurer's mailing address (if different): _____
Treasurer's email address (required): jacitti2@yahoo.com
Treasurer's phone number (required): 480 563 9015
Treasurer's employer (required): NONE
Treasurer's occupation (required): RETIRED

Bank or Financial Institution: Bank name (required): PARKWAY
(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: Bob Morris Date: 7/12/2018

Treasurer's signature: Bob Morris Date: 7/12/2018

Candidate's signature (if applicable): Bob Morris Date: 7/12/2018