

Initial Application  
 Amended Application  
 Date: 8/17/2018



**CITY OF SCOTTSDALE  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
COS-2018-05

COMMITTEE TYPE (choose one):

2018 AUG 17 PM 4:21  
 OFFICE OF THE  
 CITY CLERK

**Candidate**

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

*Candidate Information:* Candidate's Name (required): \_\_\_\_\_  
 Candidate's mailing address (required): \_\_\_\_\_  
 Candidate's email address (required): \_\_\_\_\_  
 Candidate's phone number (required): \_\_\_\_\_  
 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: \_\_\_\_\_
    District (if applicable): \_\_\_\_\_

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

*Party Affiliation:*
 Democrat
    Green
    Libertarian
    Republican
    Other: \_\_\_\_\_  
 (required for partisan offices)

**Political Action Committee (PAC)**

*Committee Name* (required): Protect Your Preserve  
 (if sponsored, must include sponsor's name)

*Political Function* (optional):
  Contributions
    Candidate-Related Independent Expenditures  
 (select any that apply)
    Ballot Measure Expenditures
    Recall Expenditures

*Sponsorship Information:*
 Sponsor's name or nickname (required): \_\_\_\_\_  
 (if applicable)
   Sponsor's mailing address (required): \_\_\_\_\_  
   Sponsor's email address (required): \_\_\_\_\_  
   Sponsor's phone number (if any): \_\_\_\_\_  
   Sponsor's website (if any): \_\_\_\_\_

*Special Status*
 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  
 (if applicable)
    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*
 Standing Committee (must also complete separate standing committee registration)  
 (if applicable)

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COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 7620 E. McKellips Rd. Ste.4, PMB 34  
 Committee's email address (required): ProtectYourPreserve@gmail.com  
 Committee's phone number (if any): 480-299-5910  
 Committee's website (if any): n/a

**Chairperson's Information:** Chairperson's name (required): Jan Dolan  
 Chairperson's physical address (required): 9670 E. Voltaire Dr., Scottsdale, AZ 85260  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): jandolan@cox.net  
 Chairperson's phone number (required): 480-657-0892  
 Chairperson's employer (required): Retired  
 Chairperson's occupation (required): Retired

**Treasurer's Information:** Treasurer's name (required): Lynne LaGarde  
 Treasurer's physical address (required): 6190 N. 28th Place, Phoenix, AZ 85016  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): lynbob94@icloud.com  
 Treasurer's phone number (required): 602-370-4290  
 Treasurer's employer (required): Retired  
 Treasurer's occupation (required): Retired

**Bank or Financial Institution:** Bank name (required): Chase 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: [Signature] Date: 08-17-2018

Treasurer's signature: [Signature] Date: 8-17-18

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_