

☐ Initial Registration

M Amended Statement

STATE OF ARIZONA POLITICAL COMMITTEE STATEMENT OF ORGANIZATION SECRETARY OF STATE

2017 FEB -3 A1110: 39

Out of State Committee					_			
Standing Political Committee Titles 16 & 19, Arizona Revised Statutes Definitions, statutory references and important information on page 2.						200810107		
NAME OF POLITICAL COMMITTEE (For ballot measure committee, name shall include official petition serial number) CHANDLER POLICE PAC						DATE 01/30/2017		
TYPE OF COMMITTEE				BALLOT MEASURE ☐ SUPPORT			T 🗆 OPPOSE	
POLITICAL ACTION COMMITTEE								
COMMITTEE ADDRESS				CITY			ZIP	
250 E. CHICAGO STREET			CHANDLER			AZ	85225	
COMMITTEE MAILING ADDRESS (if different from above)			CITY			STATE	ZIP	
PO BOX 238			CHANDLER			AZ	85244	
COMMITTEE TELEPHONE #	COMMITTEE FAX# COMMITTE			E EMAIL ADDRESS				
(480) 226-5229		ARIAS494			@YAHOO.COM			
NAME OF SPONSORING ORGANIZATION (if applicable)			TYPE OF ORGANIZATION					
CHANDLER LAW ENFORCEMENT ASSOCIATION			POLICE OFFICER ASSOCIATION					
ADDRESS OF SPONSORING ORGANIZATION			RELATIONSHIP TO POLITICAL COMMITTEE					
PO BOX 238 CHANDLER AZ 85244			SPONSOR OF SEGREGATED FUND					
EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. § 16-902(A).								
NAME OF COMMITTEE CHAIRMAN		CHAIRMAN'S TELEPHON		HONE#	CHAIRMAN'S FAX#			
NATHAN MOFFAT			(480) 980-2121		STATE ZIP			
CHAIRMAN'S ADDRESS			CITY		STATE AZ		85244	
TO BOX 200			CHANDLER					
CHAIRMAN'S OCCUPATION POLICE OFFICER	CHAIRMAN'S EMPLOYER CITY OF CHANDLER	₹	CHAIRMAN'S EMAIL ADDRESS			:55		
NAME OF COMMITTEE TREASURER GEORGE F ARIAS			TREASURER'S TELEPHONE # (480) 226-5229		TREASURER'S FAX#			
TREASURER'S ADDRESS			CITY		STATE		ZIP	
PO BOX 238		CHANDLER		AZ		85244		
TREASURER'S OCCUPATION	TREASURER'S EMPLOY	ER TREASUREF			ER'S EM	R'S EMAIL ADDRESS		
POLICE OFFICER	CITY OF CHANDLER	ARIAS494@YAHOO.COM						
LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTA INS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)								
1.	2. 3.			3.	3.			
JP MORGAN CHASE								
FOR A CANDIDATE'S CAMPAIGN COMMITTEE						FORMAT	ION:	
(For Exploratory Committees p arty affiliation and office sought are optional.) NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DI") ELECTION CYCLE								
NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DI")					ELECT			
CANDIDATE OR D/I'S TELEPHONE #	CANDIDATE OR D/I'S FAX# CO			COUNTY	COUNTY OF RESIDENCE			
CANDIDATE OR D/I'S ADDRESS	CITY				STATE		ZIP	
CANDIDATE OR D/I'S EMAIL ADDRESS	PARTY AFFILIATION			OFFICE SOUGHT				



Committee ID: 200810107

Date:

01/30/2017

Form ID:

0000410445



SECRETARY OF STATE

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YOUR APPLICATION IS NOT COMPLETE WITHOUT THE REQUIRED SIGNATURES BELOW:

BOX 1 All committees require the signature of both the chairman and	treasurer. Standing Committees, see BOX 3 below.
CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned chair campaign finance and reporting and have examined the information contain knowledge and belief, it is true, correct and complete.	man and treasurer, have read all of the applicable laws relat ing to ed in this statement of organization and, to the bes t of our
Date: 13/17 Chairman's signature: 3/1/2	
Date: // SI// I Treasurer's signature:	- f Chris
BOX 2 Complete and sign this additional box only if the committee is a co	
DESIGNATING INDIVIDUAL OR CANDIDATE'S STATEMENT: I authorize the receive contributions and make expenditures on my behalf.	above -named political committee as my political committee to
Date: D/l's or Candidate's signature:	
BOX 3 Complete and notarize this box only if the committee has been in existe STANDING POLITICAL COMMITTEE'S STATEMENT (if applicable) (A.R.S. § committee as a standing political committee.	ence for more than one year and is filing for Standing Committee status. 16 -902.01): I/we hereby declare the status of this political
Date: 1/3/17 Chairman's signature: Treasurer's signature:	h-1
State of Arizona County of MOVICOPA) ss.	State of Arizona County of MAYICODA Ss.
SUBSCRIBED AND SWORN TO before me this January 31, 2017 August Fatty Library Public My Commission Expires: May 31, 2019 Notary Public	SUBSCRIBED AND SWORN TO before me this Jan vary 31,2017 My Commission Expires: May 31,2010 Notary Public

