



**YAVAPAI COUNTY
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION**

RECEIVED

OCT 20 2015

Yavapai County
Supt. of Schools

| | | | |
|---------------------------|---|---|-----------------------------|
| DATE 10/19/2015 | <input type="checkbox"/> Initial Registration | <input checked="" type="checkbox"/> Amended Statement | I.D. # SCH 15-002 |
|---------------------------|---|---|-----------------------------|

NAME OF POLITICAL COMMITTEE (For ballot measures, name shall include official petition serial number & Support or Oppose [16-902.01])
The Committee For Good Schools

| | | | |
|---|-------------------------|--------------------|---------------------|
| ADDRESS (NUMBER & STREET) PO Box 1913 | CITY Prescott | STATE AZ | ZIP 86302 |
|---|-------------------------|--------------------|---------------------|

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|---|------|-------|-----|
| MAILING ADDRESS (if different from above) | CITY | STATE | ZIP |
|---|------|-------|-----|

| | | |
|--|-----------------|--|
| COMMITTEE TELEPHONE # 928-277-4010 | COMMITTEE FAX # | COMMITTEE EMAIL ADDRESS jwlamerson@yahoo.com |
|--|-----------------|--|

TYPE OF POLITICAL COMMITTEE – Please check only one box:

| | |
|--|--|
| <input type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE | <input type="checkbox"/> STANDING POLITICAL COMMITTEE - (A.R.S. § 16-901(23)) - <i>This committee only files with the Secretary of State (annual fee required) Please provide a copy of the original filed document. By selecting this classification, the committee declares that it has been active in more than one reporting jurisdiction in this state for more than one year AND is one of the following: (check ONE of the four boxes below)</i> |
| <input type="checkbox"/> CANDIDATE'S EXPLORATORY COMMITTEE | |
| <input type="checkbox"/> COMMITTEE IN SUPPORT OF - or - OPPOSITION TO ONE OR MORE CANDIDATES | |
| <input type="checkbox"/> COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION - or - TO INFLUENCE THE RESULT OF A RECALL ELECTION | <input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION (A.R.S. §16-920(A)(3)) |
| <input checked="" type="checkbox"/> COMMITTEE IN SUPPORT OF -or- <u>OPPOSITION</u> TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT MEASURE, QUESTION OR PROPOSITION (A.R.S. §16-902.01(F)) | <input type="checkbox"/> POLITICAL PARTY - Only state or county committees of an organization that meets the requirements for recognition as a political party. (A.R.S. Title 16, Chapter 5) |
| <input type="checkbox"/> OTHER (describe): _____ | <input type="checkbox"/> POLITICAL ORGANIZATION - An organization that is formally affiliated with and recognized by a political party including a district committee organized pursuant to A.R.S. §16-823 |
| | <input type="checkbox"/> INDEPENDENT EXPENDITURE COMMITTEE (A.R.S. § 16-901(14)) |

Sponsoring Organization: ARS § 16-901(22) any organization that establishes, administers or contributes financial support to the administration of, or that has common or overlapping membership or officers with, a political committee other than a candidate's campaign committee.

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| NAME OF SPONSORING ORGANIZATION | TYPE OF ORGANIZATION |
|---------------------------------|----------------------|

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|------------------------------------|-------------------------------------|
| ADDRESS OF SPONSORING ORGANIZATION | RELATIONSHIP TO POLITICAL COMMITTEE |
|------------------------------------|-------------------------------------|

FOR A CANDIDATE'S CAMPAIGN COMMITTEE - or - AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION:
(Party Affiliation and Office Sought are optional for Exploratory Committees.)

| | |
|-------------------|-------------------|
| NAME OF CANDIDATE | PARTY AFFILIATION |
|-------------------|-------------------|

| | | | |
|---------------------|------|-------|-----|
| CANDIDATE'S ADDRESS | CITY | STATE | ZIP |
|---------------------|------|-------|-----|

| | |
|---------------|---------------|
| OFFICE SOUGHT | ELECTION DATE |
|---------------|---------------|

BEFORE A COMMITTEE ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE IT SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION. A.R.S. § 16-902(C). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)

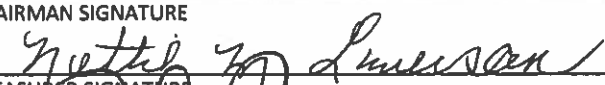

1. National Bank of Ariz 2. _____ 3. _____

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).

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|--|--|---|--------------------|
| CHAIRMAN FIRST NAME <u>Nettie</u> | | CHAIRMAN LAST NAME <u>Lamerson</u> | |
| RESIDENCE ADDRESS <u>2601 N. Williamson Valley Rd</u> | | CITY <u>Prescott</u> | STATE <u>AZ</u> |
| MAILING ADDRESS (if different) | | CITY | STATE |
| CHAIRMAN'S TELEPHONE # <u>928-277-4010</u> | CHAIRMAN'S FAX # | CHAIRMAN'S EMAIL <u>mamalamerson@yahoo.com</u> | |
| CHAIRMAN'S OCCUPATION <u>Retired</u> | | CHAIRMAN'S EMPLOYER <u>N/A</u> | |
| TREASURER FIRST NAME <u>John</u> | | TREASURER LAST NAME <u>Stevens</u> | |
| RESIDENCE ADDRESS <u>297 Sunset Park Drive</u> | | CITY <u>Prescott</u> | STATE <u>AZ</u> |
| MAILING ADDRESS (if different) <u>PO Box 1913</u> | | CITY <u>Prescott</u> | STATE <u>AZ</u> |
| TREASURER'S TELEPHONE # <u>928-443-0830</u> | TREASURER'S FAX # <u>928-443-0836</u> | TREASURER'S EMAIL <u>john@aztaxpros.org</u> | |
| TREASURER'S OCCUPATION <u>Tax Preparer EA</u> | | TREASURER'S EMPLOYER <u>Self</u> | |

YOUR APPLICATION IS NOT COMPLETE WITHOUT THE REQUIRED SIGNATURES BELOW:
ALL COMMITTEES REQUIRE THE SIGNATURE OF BOTH THE CHAIRMAN AND TREASURER

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned Chairman and Treasurer, have read all of the applicable laws relating to campaign finance and reporting and have examined the information contained in this Statement of Organization and, to the best of our knowledge and belief, it is true, correct and complete.

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|---------------------------|--|
| DATE <u>10-19-15</u> | CHAIRMAN SIGNATURE  |
| DATE <u>10/20/2015</u> | TREASURER SIGNATURE  |

CANDIDATE SIGNATURE REQUIRED BELOW FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR EXPLORATORY COMMITTEE

CANDIDATE'S STATEMENT: I authorize the above-named political committee to receive contributions and make expenditures on my behalf.

| | |
|------|---------------------|
| DATE | CANDIDATE SIGNATURE |
|------|---------------------|