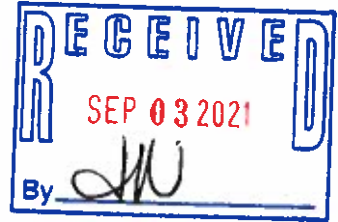




YAVAPAI COUNTY
COMMITTEE STATEMENT
OF ORGANIZATION



Initial Application [ ] Amended Application [x]

DATE 8/20/21 ID# (office use only) SCH 17-001

FOR OFFICE USE ONLY

COMMITTEE TYPE (choose one)

CANDIDATE
COMMITTEE NAME (must include candidate's first or last name and, if the candidate has a candidate committee open for more than one office, the office sought)
ELECTION CYCLE FOR OFFICE SOUGHT (year election will take place, required)
PARTY AFFILIATION (required for partisan offices)
CANDIDATE'S NAME (required)
CANDIDATE'S MAILING ADDRESS (required)
CANDIDATE'S EMAIL ADDRESS (required)
OFFICE SOUGHT (required, choose one)

Political Action Committee (PAC)
COMMITTEE NAME (if sponsored, must include sponsor's name)
Partners in Education
POLITICAL FUNCTION (optional) (choose any that apply)
SPONSORSHIP INFORMATION (if applicable)
SPECIAL STATUS (if applicable)

POLITICAL PARTY
PARTY NAME (must include party affiliation)
JURISDICTION
SPECIAL STATUS (if applicable)

Please complete both sides of this form.

**COMMITTEE INFORMATION**

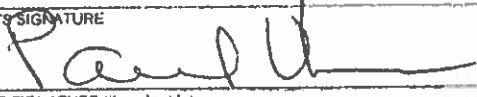
COMMITTEE'S MAILING ADDRESS (required) 1050 S. Tonapah Drive		CITY Cottonwood	STATE AZ	ZIP 85326
COMMITTEE'S EMAIL ADDRESS (required) pulan@primaryconsultants.com	COMMITTEE'S PHONE NUMBER (if any) (602) 294-0700		COMMITTEE'S WEBSITE (if any)	
<b>CHAIRPERSON'S INFORMATION</b>				
CHAIRPERSON'S NAME (required) Stephen Renard				
CHAIRPERSON'S PHYSICAL ADDRESS (required) 1050 S. Tonapah Dr.		CITY Cottonwood	STATE AZ	ZIP 85326
CHAIRPERSON'S MAILING ADDRESS (if different)		CITY	STATE	ZIP
CHAIRPERSON'S EMAIL ADDRESS (required) renard541@yahoo.com	CHAIRPERSON'S EMPLOYER (required) Mingus Union High School			
CHAIRPERSON'S PHONE NUMBER (required)	CHAIRPERSON'S OCCUPATION (required) Teacher			
<b>TREASURER'S INFORMATION</b>				
TREASURER'S NAME (required) Paul Ulan				
TREASURER'S PHYSICAL ADDRESS (required) 5320 N. 16th Street, Suite 111		CITY Phoenix	STATE AZ	ZIP 85016
TREASURER'S MAILING ADDRESS (if different)		CITY	STATE	ZIP
TREASURER'S EMAIL ADDRESS (required) pulan@primaryconsultants.com	TREASURER'S EMPLOYER (required) Self			
TREASURER'S PHONE NUMBER (required) (602) 294-0700	TREASURER'S OCCUPATION (required) Consultant			

**BANK OR FINANCIAL INSTITUTION INFORMATION DO NOT LIST ACCOUNT NUMBERS**

BANK NAME (required) Alliance Bank	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 X	DATE
TREASURER'S SIGNATURE X 	DATE 8/20/21
CANDIDATE'S SIGNATURE (if applicable) X	DATE

This form may be filed on paper to the proper filing office, or you may email it as an attachment to [web.elections@yavapai.us](mailto:web.elections@yavapai.us)

FOR OFFICE USE ONLY	<input type="checkbox"/> Entered in database	<input type="checkbox"/> Posted to <a href="http://yavapai.us/elections/vr">yavapai.us/elections/vr</a>
---------------------	--	---