

Initial Application
 Amended Application
 Date: 8/17/22



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
PAC22-01

COMMITTEE TYPE (choose one):

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): County Office: _____ District (if applicable): _____

City/Town Office: _____ District (if applicable): _____

School Board Office: _____ District (if applicable): _____

Special District Board: _____ 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): Yes for the Future of Casa Grande
(if sponsored, must include
sponsor's name)

Political Function (optional): 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)

Initial Application
 Amended Application
Date: 8/17/22



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 5320 N. 16th St., Suite 111 Phoenix, AZ 85016

Committee's email address (required): pulan@primaryconsultants.com

Committee's phone number (if any): 602-294-0700

Committee's website (if any):

Chairperson's Information:

Chairperson's name (required): Paul Ulan

Chairperson's physical address (required): 5320 N. 16th St., Ste 111 Phoenix, AZ 85016

Chairperson's mailing address (if different):

Chairperson's email address (required): pulan@primaryconsultants.com

Chairperson's phone number (required): 602-294-0700

Chairperson's employer (required): Self employed

Chairperson's occupation (required): consultant

Treasurer's Information:

Treasurer's name (required): Paul Ulan

Treasurer's physical address (required): 5320 N. 16th St., Ste 111 Phoenix, AZ 85016

Treasurer's mailing address (if different):

Treasurer's email address (required): pulan@primaryconsultants.com

Treasurer's phone number (required): 602-294-0700

Treasurer's employer (required): Self employed

Treasurer's occupation (required): consultant

Bank or Financial Institution:

(do not list acct numbers)

Bank name (required): Bank of America

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:

Date: 8/17/22

Treasurer's signature:

Date: 8/17/22

Candidate's signature (if applicable):

Date: