

- Initial Application
- Amended Application
- Date: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

CC2024-01

COMMITTEE TYPE (choose one):

Candidate

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

HARRY G. TURNER CANDIDATE FOR P-L
TOWN COUNCIL

Candidate Information:

Candidate's Name (required): HARRY G. TURNER
 Candidate's mailing address (required): 5365 W. GLEN ABBEY TRAIL LAKESIDE, AZ
 Candidate's email address (required): HARRYTURNERPLTC@YAHOO.COM 85929
 Candidate's phone number (required): (602) 680-9279
 Candidate's website (if any): N/A

Office Sought (choose one):

County Office: _____ District (if applicable): _____
 City/Town Office: TOWN COUNCIL 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): 2024

Party Affiliation:
(required for partisan offices)

Democrat Green Libertarian Republican Other: _____

Political Action Committee (PAC)

Committee Name (required): _____
(if sponsored, must include sponsor's name)

Political Function (optional):
(select any that apply)

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)

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**STATE OF ARIZONA
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 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
 CC 2024-01

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): 5365 W. GLENN ABBEY TRAIL, LAKESIDE, AZ
 Committee's email address (required): HARRYTURNERPLTC@YAHOO.COM
 Committee's phone number (if any): _____
 Committee's website (if any): _____

Chairperson's Information:
 Chairperson's name (required): HARRY TURNER
 Chairperson's physical address (required): 5365 W. GLENN ABBEY TRAIL, LAKESIDE, AZ
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): HARRYTURNERPLTC@YAHOO.COM
 Chairperson's phone number (required): (623) 680-9279
 Chairperson's employer (required): RETIRED
 Chairperson's occupation (required): RETIRED - MANAGER

Treasurer's Information:
 Treasurer's name (required): HARRY TURNER
 Treasurer's physical address (required): 5365 W. GLENN ABBEY TRAIL, LAKESIDE, AZ
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): HARRYTURNERPLTC@YAHOO.COM
 Treasurer's phone number (required): (623) 680-9279
 Treasurer's employer (required): RETIRED
 Treasurer's occupation (required): RETIRED - MANAGER

Bank or Financial Institution:
 Bank name (required): WELLS FARGO
 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: Harry Turner Date: 3-10-24
 Treasurer's signature: Harry Turner Date: 3-10-24
 Candidate's signature (if applicable): Harry Turner Date: 3-10-24

Received
 4/30/24
 Janet Sabotta