

RECEIVED

COMMITTEE ID NUMBER
(office use only)

NOV 12 2021 21-07

Initial Application
 Amended Application
 Date: 11-12-2021



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

CITY OF CHANDLER
CITY CLERK

COMMITTEE TYPE (choose one):

Candidate

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

JONES for Mayor

Candidate Information:

Candidate's Name (required):

Ruth Jones

Candidate's mailing address (required):

2734 E Birchwood Pl. Chandler

Candidate's email address (required):

ruthjones1000@yahoo.com

AZ

Candidate's phone number (required):

480-720-9856

85249

Candidate's website (if any):

Office Sought (choose one):

- Governor
- Secretary of State
- Attorney General
- State Treasurer
- Superintendent of Public Instruction
- State Mine Inspector
- Corporation Commissioner

State Senate

State House of Representatives

District (required): _____

County Office: _____

District (if applicable): _____

City/Town Office: Mayor

District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required):

2022

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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OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

C21-07

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 2734 E Birchwood Pl. Chandler AZ
Committee's email address (required): ruthjones1000@YAHOO.COM 85249
Committee's phone number (if any): 480-720-9856
Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): Ruth Jones
Chairperson's physical address (required): 2734 E Birchwood Pl. Chandler AZ
Chairperson's mailing address (if different): _____ 85249
Chairperson's email address (required): ruthjones1000@YAHOO.COM
Chairperson's phone number (required): 480 720 9856
Chairperson's employer (required): NONE
Chairperson's occupation (required): NONE

Treasurer's Information:

Treasurer's name (required): Gordon Jones
Treasurer's physical address (required): 2734 E Birchwood Pl. Chandler AZ
Treasurer's mailing address (if different): _____ 85249
Treasurer's email address (required): gitbird1@YAHOO.COM
Treasurer's phone number (required): 480 720 9858
Treasurer's employer (required): Glendale Hyundai
Treasurer's occupation (required): Accountant

Bank or Financial Institution:
(do not list acct numbers)

Bank name (required): _____
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: [Signature] Date: 11/4/2021

Treasurer's signature: [Signature] Date: 11/4/2021

Candidate's signature (if applicable): [Signature] Date: 11/4/2021