

- Initial Application
- Amended Application
- Date: \_\_\_\_\_



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

CC 21-02

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JUN - 3 2021 9:35 Bc

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): TERRE SCHRODER for Dewey-Humboldt Council

Candidate Information: Candidate's Name (required): Terre Schroder

Candidate's mailing address (required): 1425 S. Golden View Dr.

Candidate's email address (required): \_\_\_\_\_

Candidate's phone number (required): 928-493-0019

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: Dewey-Humboldt Council Person  District (if applicable): 225 IRON

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): \_\_\_\_\_  
(if sponsored, must include sponsor's name)

Political Function (optional):  Contributions  Candidate-Related Independent Expenditures  
(select any that apply)  Ballot Measure Expenditures  Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): \_\_\_\_\_  
(if applicable) 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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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 1425 S. Golden View Dr., Dewey AZ 86327  
Committee's email address (required): TERRE.SCHRODER.FOR.DH.Council@gmail.com  
Committee's phone number (if any): 928-493-0019  
Committee's website (if any): n/a

Chairperson's Information:

Chairperson's name (required): TERRE SCHRODER  
Chairperson's physical address (required): 1425 S. Golden View Dr., Dewey AZ 86327  
Chairperson's mailing address (if different): n/a  
Chairperson's email address (required): Terre.Schroder.FOR.DH.Council@gmail.com  
Chairperson's phone number (required): 928-493-0019  
Chairperson's employer (required): retired  
Chairperson's occupation (required): retired

Treasurer's Information:

Treasurer's name (required): VIRGINIA LINDER  
Treasurer's physical address (required): 14730 E. White Dr., Dewey AZ 86327  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): SchroderCampaignTreasurer@gmail.com  
Treasurer's phone number (required): 928-910-2390  
Treasurer's employer (required): retired  
Treasurer's occupation (required): retired

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

Bank name (required): One Arizona Credit Union  
Additional bank name (if applicable): n/a  
Additional bank name (if applicable): n/a

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: 6/1/21

Treasurer's signature: [Signature] Date: 6-1-21

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_