STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE TYPE (choose one):

Candidate
Committee Name (required):
(Required name & office)
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):
☐ 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:
City/Town District (if applicable):
Election Cycle for Office Sought (year the election will take place) (required):
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:
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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COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): 1425 S. Golden View Dr, Dewey 86327
Committee's email address (required): TerreScheroderForDHCouncil@gmail.com
Committee's phone number (if any): 928-493-0019
Committee's website (if any): 

Chairperson's Information:
Chairperson's name (required): Terre Schroder
Chairperson's physical address (required): 1425 S. Golden View Dr, Dewey 86327
Chairperson's mailing address (if different): 
Chairperson's email address (required): TerreScheroderForDHCouncil@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 Lindel
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:
Bank name (required): One Arizona Credit Union
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: 6/121

Treasurer's signature: 
Date: 6/1/21

Candidate's signature (if applicable): 
Date: 

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