

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
PC2017-08

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): COMMITTEE TO ELECT LESLIE McCLENDON
 (first or last name & office)

Candidate Information:

Candidate's Name (required): LESLIE McCLENDON

Candidate's mailing address (required): 2160 WEST 5TH PLACE

Candidate's email address (required): LESLIE.McCLENDON2017@GMAIL.COM

Candidate's phone number (required): 928-982-6869

Candidate's website (if any): N/A

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 COUNCIL District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2017

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: (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)

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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)
PC2017-08

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): 2160 W. 5TH PLACE, YUMA, AZ 85364
 Committee's email address (required): 45BMC127@AOL.COM
 Committee's phone number (if any): 928-782-6869
 Committee's website (if any): N/A

Chairperson's Information:
 Chairperson's name (required): BOB McCLENDON SR.
 Chairperson's physical address (required): 2160 W. 5TH PLACE, YUMA, AZ. 85364
 Chairperson's mailing address (if different): SAA
 Chairperson's email address (required): 45BMC127@AOL.COM
 Chairperson's phone number (required): 928-782-6869
 Chairperson's employer (required): BMC PRODUCTIONS & ENTERTAINMENT
 Chairperson's occupation (required): PROMOTER

Treasurer's Information:
 Treasurer's name (required): TIARA McCLENDON
 Treasurer's physical address (required): 2160 W. 5TH PLACE, YUMA, AZ. 85364
 Treasurer's mailing address (if different): SAA
 Treasurer's email address (required): TIARA_McCLENDON@Yahoo.COM
 Treasurer's phone number (required): 928-446-6305
 Treasurer's employer (required): FOOTHILLS BANK
 Treasurer's occupation (required): Banker

Bank or Financial Institution:
 Bank name (required): FOOTHILLS BANK
 (do not list acct numbers) 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: 9-18-17

Treasurer's signature: [Signature] Date: 9/18/17

Candidate's signature (if applicable): [Signature] Date: 9/18/17

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