

Initial Application
 Amended Application
 Date: 1-3-2018



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
DZST3-2018-01
1-3-18-3:17PM
[Signature]

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Patrick Duffy District 3
 (first or last name & office)

Candidate Information:
 Candidate's Name (required): Patrick Duffy
 Candidate's mailing address (required): 17619 W Pershing St
 Candidate's email address (required): pduffy36@live.com
 Candidate's phone number (required): 602 318 0891
 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: Surprise City Council District (if applicable): 3

Election Cycle for Office Sought (year the election will take place) (required): 2018

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)

Initial Application
 Amended Application
Date: 1-3-18



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

DEST3-2018-

DFR ⁰¹
1-3-18
3:17pm

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 17619 W Pershing St Surprise Az 85388
Committee's email address (required): pduffy36@live.com
Committee's phone number (if any): 602 318 0891
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Patricia Duffy
Chairperson's physical address (required): 17619 W Pershing St Surprise Az 85388
Chairperson's mailing address (if different): _____
Chairperson's email address (required): pduffy36@live.com
Chairperson's phone number (required): 602 318 0891
Chairperson's employer (required): First Financial Equity Corporation
Chairperson's occupation (required): Financial Advisor

Treasurer's Information: Treasurer's name (required): Patrick Duffy
Treasurer's physical address (required): 17619 W Pershing St Surprise Az 85388
Treasurer's mailing address (if different): _____
Treasurer's email address (required): pduffy36@live.com
Treasurer's phone number (required): 602 318 0891
Treasurer's employer (required): First Financial Equity Corporation
Treasurer's occupation (required): Financial Advisor

Bank or Financial Institution: Bank name (required): Wells Fargo
(do not list acct numbers) Additional bank name (if applicable): Bank of America
Additional bank name (if applicable): Chase

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: *Patricia Duffy* Date: 1/3/18

Treasurer's signature: *Patrick Duffy* Date: 1/3/18

Candidate's signature (if applicable): *Patricia Duffy* Date: 1/3/18