

Initial Application
 Amended Application
Date: 1-9-2018



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
DIST 2-2018-04
Sga 1-9-18
2:19p.m.

CD TEE TYPE (choose one):

Candidate

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

Elect Dr. Wendell V. Fountain, District 2

Candidate Information:

Candidate's Name (required): Wendell V. Fountain
Candidate's mailing address (required): 15029 W. Gentle Breeze^{Way}, Surprise, AZ 85374
Candidate's email address (required): WendellFountain@yahoo.com
Candidate's phone number (required): 623-975-5285
Candidate's website (if any): WendellFountain.com

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: Council District (if applicable): 2

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:
(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: 1-9-18



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

DEST 2-2018-

587-9-2018 ⁰⁴

C COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 15029 W. Gentle Breeze Way, Surprise, AZ 85374
Committee's email address (required): wendellfountain@yahoo.com
Committee's phone number (if any): 623-975-5285
Committee's website (if any): wendellfountain.com

Chairperson's Information: Chairperson's name (required): Dr. Wendell V. Fountain
Chairperson's physical address (required): 15029 W. Gentle Breeze Way, Surprise, AZ 85374
Chairperson's mailing address (if different): _____
Chairperson's email address (required): ~~40 Wendell~~ wendellfountain@yahoo.com
Chairperson's phone number (required): 623-975-5285
Chairperson's employer (required): Fountain Associates Business Consultants
Chairperson's occupation (required): Consultant/Writer/Graduate Professor

Treasurer's Information: Treasurer's name (required): Dr. Wendell V. Fountain
Treasurer's physical address (required): 15029 W. Gentle Breeze Way, Surprise, AZ 85374
Treasurer's mailing address (if different): _____
Treasurer's email address (required): wendellfountain@yahoo.com
Treasurer's phone number (required): 623-975-5285
Treasurer's employer (required): Fountain Associates Business Consultants
Treasurer's occupation (required): Fountain Associates Business Consultants

Bank or Financial Institution: Bank name (required): Chase 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: Wendell V. Fountain Date: 1/9/2018
Treasurer's signature: Wendell V. Fountain Date: 1/9/2018
Candidate's signature (if applicable): Wendell V. Fountain Date: 1/9/2018