

Initial Application  
 Amended Application  
Date: 1/16/2018 SD



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
POST-2018-05  
Afk

COMMITTEE TYPE (choose one):

Candidate

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

Glenn Stark City Council District 2

Candidate Information:

Candidate's Name (required): Glenn Leo Stark

Candidate's mailing address (required): 18234 N 168<sup>th</sup> Circle, Surprise 85374

Candidate's email address (required): stark4citycouncil@gmail.com

Candidate's phone number (required): 623-243-6758

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: Council member     District (if applicable): 2

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: 1/10/2018



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

02512-2018-05

9:23 AM

AJK

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 18234 N 168<sup>th</sup> Circle Surprise 85374  
Committee's email address (required): Stark4CityCouncil@gmail.com  
Committee's phone number (if any): 623-243-6758  
Committee's website (if any):

Chairperson's Information:

Chairperson's name (required): Glenn L Stark  
Chairperson's physical address (required): 18234 N 168<sup>th</sup> Circle, Surprise 85374  
Chairperson's mailing address (if different):  
Chairperson's email address (required): Stark4CityCouncil@gmail.com  
Chairperson's phone number (required): 623-243-6758  
Chairperson's employer (required): Cruise Planners - Carla & Glenn Stark  
Chairperson's occupation (required): Travel agent

Treasurer's Information:

Treasurer's name (required): Glenn L Stark  
Treasurer's physical address (required): 18234 N 168<sup>th</sup> Circle, Surprise 85374  
Treasurer's mailing address (if different):  
Treasurer's email address (required): Stark4CityCouncil@gmail.com  
Treasurer's phone number (required): 623-243-6758  
Treasurer's employer (required): Cruise Planners - Carla & Glenn Stark  
Treasurer's occupation (required): Travel Agent

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

Bank name (required): Comerica Bank  
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:

*[Handwritten Signature]*

Date:

1/10/18

Treasurer's signature:

*[Handwritten Signature]*

Date:

1/10/18

Candidate's signature (if applicable):

*[Handwritten Signature]*

Date:

1/10/18