**STATE OF ARIZONA**

**POLITICAL COMMITTEE**

**STATEMENT OF ORGANIZATION**

*Titles 16 & 19, Arizona Revised Statutes Definitions, statutory references and important information on page 2.*

**COMMITTEE ID NUMBER**

200810107

**NAME OF POLITICAL COMMITTEE**

(For ballot measure committee, name shall include official petition serial number)

CHANDLER POLICE PAC

**TYPE OF COMMITTEE**

POLITICAL ACTION COMMITTEE

**BALLOT MEASURE**

☐ SUPPORT

☐ OPPOSE

**DATE**

01/30/2017

**COMMITTEE ADDRESS**

250 E. CHICAGO STREET

CITY

CHANDLER

STATE

AZ

ZIP

85225

**COMMITTEE MAILING ADDRESS** (if different from above)

PO BOX 238

CITY

CHANDLER

STATE

AZ

ZIP

85244

**COMMITTEE TELEPHONE #**

(480) 226-5229

**COMMITTEE FAX #**

**COMMITTEE EMAIL ADDRESS**

ARIA494@YAHOO.COM

**NAME OF SPONSORING ORGANIZATION** (if applicable)

CHANDLER LAW ENFORCEMENT ASSOCIATION

**TYPE OF ORGANIZATION**

POLICE OFFICER ASSOCIATION

**ADDRESS OF SPONSORING ORGANIZATION**

PO BOX 238 CHANDLER AZ 85244

**RELATIONSHIP TO POLITICAL COMMITTEE**

SPONSOR OF SEGREGATED FUND

**EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. § 16-902(A).**

**NAME OF COMMITTEE CHAIRMAN**

NATHAN MOFFAT

**CHAIRMAN’S TELEPHONE #**

(480) 980-2121

**CHAIRMAN’S FAX #**

**CHAIRMAN’S ADDRESS**

PO BOX 238

CITY

CHANDLER

STATE

AZ

ZIP

85244

**CHAIRMAN’S OCCUPATION**

POLICE OFFICER

**CHAIRMAN’S EMPLOYER**

CITY OF CHANDLER

**CHAIRMAN’S EMAIL ADDRESS**

ARIA494@YAHOO.COM

**NAME OF COMMITTEE TREASURER**

GEORGE F ARIAS

**TREASURER’S TELEPHONE #**

(480) 226-5229

**TREASURER’S FAX #**

**TREASURER’S ADDRESS**

PO BOX 238

CITY

CHANDLER

STATE

AZ

ZIP

85244

**TREASURER’S OCCUPATION**

POLICE OFFICER

**TREASURER’S EMPLOYER**

CITY OF CHANDLER

**TREASURER’S EMAIL ADDRESS**

ARIA494@YAHOO.COM

**LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)**

1. JP MORGAN CHASE

2. 

3. 

**FOR A CANDIDATE’S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION:**

(For Exploratory Committees, party affiliation and office sought are optional.)

**NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL (“DI”)**

ELECTION CYCLE

**CANDIDATE OR DI’S TELEPHONE #**

**CANDIDATE OR DI’S FAX #**

**COUNTY OF RESIDENCE**

**CANDIDATE OR DI’S ADDRESS**

CITY

STATE

ZIP

**CANDIDATE OR DI’S EMAIL ADDRESS**

PARTY AFFILIATION

OFFICE SOUGHT

PAGE 1 of 2

Office Revision 09/15
YOUR APPLICATION IS NOT COMPLETE WITHOUT THE REQUIRED SIGNATURES BELOW:

BOX 1  All committees require the signature of both the chairman and treasurer. Standing Committees, see BOX 3 below.

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned chairman and treasurer, have read all of the applicable laws relating to campaign finance and reporting and have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 1/31/17  Chairman's signature: [Signature]
Date: 1/31/17  Treasurer's signature: [Signature]

BOX 2  Complete and sign this additional box only if the committee is a candidate's campaign committee or exploratory committee.

DESIGNATING INDIVIDUAL OR CANDIDATE'S STATEMENT: I authorize the above-named political committee as my political committee to receive contributions and make expenditures on my behalf.

Date: [Date]  D/f's or Candidate's signature: [Signature]

BOX 3  Complete and notarize this box only if the committee has been in existence for more than one year and is filing for Standing Committee status.

STANDING POLITICAL COMMITTEE'S STATEMENT (if applicable) (A.R.S. §16-1902.01): I/we hereby declare the status of this political committee as a standing political committee.

Date: 1/31/17  Chairman's signature: [Signature]
Date: 1/31/17  Treasurer's signature: [Signature]

State of Arizona  County of Maricopa ss.

SUBSCRIBED AND SWORN TO before me this January 31, 2017
Nicole Farnsworth  My Commission Expires: May 31, 2019
Notary Public

State of Arizona  County of Maricopa ss.

SUBSCRIBED AND SWORN TO before me this January 31, 2017
Nicole Farnsworth  My Commission Expires: May 31, 2019
Notary Public

NICOLE FARNSWORTH
Notary Public - State of Arizona
MARICOPA COUNTY
My Commission Expires May 31, 2019