

Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION



COMMITTEE ID NUMBER
 (office use only)
 C-2024-002

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): 289 S. Highway 92
 Committee's email address (required): Jacksonarizonacandidate@gmail.com
 Committee's phone number (if any): 520-366-7404
 Committee's website (if any): NA

Chairperson's Information:
 Chairperson's name (required): Faye Jackson
 Chairperson's physical address (required): 289 S Highway 92 Apt # 16201
 Chairperson's mailing address (if different): 289 S. Highway 92 Apt # 16201
 Chairperson's email address (required): Jacksonarizonacandidate@gmail.com
 Chairperson's phone number (required): 520-366-7404
 Chairperson's employer (required): U.S. Army
 Chairperson's occupation (required): Housing Manager

Treasurer's Information:
 Treasurer's name (required): Alyne McFalls
 Treasurer's physical address (required): 435 South Carmichael Dr. Unit C
 Treasurer's mailing address (if different): Same as above
 Treasurer's email address (required): lynemcfalls@yahoo.com
 Treasurer's phone number (required): (620) 678-0413
 Treasurer's employer (required): none
 Treasurer's occupation (required): Entrepreneur

Bank or Financial Institution:
 Bank name (required): Navy Federal Credit Union
 (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: Faye Jackson Date: 1 May 2024
 Treasurer's signature: Alyne R. McFalls Date: 5/1/2024
 Candidate's signature (if applicable): Faye Jackson Date: 1 May 2024

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
 C-2024-002

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Faye Jackson City Council
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Faye Jackson

Candidate's mailing address (required): 289 S. Highway 92 Apt #16201

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

Candidate's phone number (required): 520-366-7404

Candidate's website (if any): _____

Office Sought (choose one):

County Office: _____ District (if applicable): _____

City/Town Office: Sierra Vista, AZ District (if applicable): _____

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

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

Party Affiliation: Democrat Green Libertarian Republican Other: Independent
 (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)

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)