



Committee's mailing address (required): 289 5. Highway 42

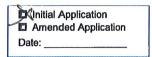
OFFICE OF THE CITY CLERK

COMMITTEE ID NUMBER (office use only)

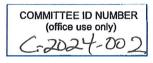
## COMMITTEE INFORMATION:

Contact Information:

		Committee's email address (required): Jacksnowizona condidate agrail com
1		Committee's phone number (if any): 520 - 366 - 7404
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): Toye Jack Son
		Chairperson's physical address (required): 289 S. Highway 92 Apt # 16201
		Chairperson's mailing address (if different): 289 S. Nighumn, 92. Apt # 10201
		Chairperson's email address (required): jacksonarizona candidate e grail com
		Chairperson's phone number (required): 520 - 366 - 1404
		Chairperson's employer (required): U.S. Army
		Chairperson's occupation (required): Lousing Manager
	Treasurer's Information:	Treasurer's name (required): Allyne McFall'S
		Treasurer's physical address (required): 435 South Carmichaeldr Unit C
		Treasurer's mailing address (if different): <u>Same</u> as above
		Treasurer's email address (required): Lynemcfallseyahon. com
		Treasurer's phone number (required): 620) 678-0413
		Treasurer's employer (required):
		Treasurer's occupation (required): Entreprenuer
	Bank or Financial Institution:	Bank name (required): Namy Federal Credit Union
	(do not list acct numbers)	Additional bank name (if applicable):
		Additional bank name (if applicable):
DECLARA*	TION AND SIGNATURES:	
		ing that the foregoing information is to a and correct. I further declare that I; (1) connect to come as
	chairperson or treasurer of the	jury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate
1.	committee and authorize it to	receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng 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:	ays Jackse Date: 1 May 2424
	Treasurer's signature:	Upre R. Mc. Falle Date: 51/2024
	Candidate's signature (if appli	icable): Jaya Just Date: 1 May 2024







COMMITTEE TYPE (choose one):

☐ Candidate	T. 1 04 0 1
Committee Name (required): (first or last name & office)	Faye Jackson City Council
Candidate Information:	Candidate's Name (required): Tayer Jackson
	Candidate's mailing address (required): 289 S. Highway 92 Apt # 16201
	Candidate's email address (required): jacksonarizona condidate ognal.con
	Candidate's phone number (required): 520 - 366 - 7404
	Candidate's website (if any):
Office Sought (choose one):	County Office: District (if applicable):
	OCity/Town Office: Sierra Vista, 12 District (if applicable):
	School Board Office: District (if applicable):
	□ Special District Board: □District (if applicable):
Election Cycle for Office Soug	pht (year the election will take place) (required):
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other: Independent
☐ Political Action Comn	nittee (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:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required):
( –pp)	Sponsor's email address (required):
	Sponsor's phone number (if any):
	Sponsor's website (if any):
Special Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable)	☐ 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)
	<ul> <li>■ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)</li> <li>■ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)</li> </ul>
Special Status (if applicable)	Standing Committee (must also complete separate standing committee registration)