

- Initial Application
- Amended Application
- Date: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

2018-03

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): George for City Council

(first or last name & office)

Candidate Information:

Candidate's Name (required): Georges Reuter

Candidate's mailing address (required): 3550 N La Paz Dr

Candidate's email address (required): george@flyfirebird.com

Candidate's phone number (required): 7473008880

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: city council District (if applicable): _____

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

Party Affiliation: Democrat Green Libertarian Republican Other: _____

(required for partisan offices)

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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)

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STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

2018-03

COMMITTEE INFORMATION:

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Contact Information:
Committee's mailing address (required): Georges Reuter
Committee's email address (required): geore@flyfirebird.com
Committee's phone number (if any): 7473008880
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): Georges Reuter
Chairperson's physical address (required): 3550 N. La Paz Dr., Eloy, AZ 85131
Chairperson's mailing address (if different): _____
Chairperson's email address (required): george@flyfirebird.com
Chairperson's phone number (required): 7473008880
Chairperson's employer (required): Firebird USA LLC
Chairperson's occupation (required): CEO

Treasurer's Information:
Treasurer's name (required): Windee Hill
Treasurer's physical address (required): 4900 N. Taylor Rd, Eloy, AZ 85131
Treasurer's mailing address (if different): _____
Treasurer's email address (required): windee@skydiveaz.com
Treasurer's phone number (required): 330 3287539
Treasurer's employer (required): Skydive Arizona
Treasurer's occupation (required): Office manager

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: _____ Date: 08082018

Treasurer's signature: Windee Hill Date: 08082018

Candidate's signature (if applicable): _____ Date: 08082018