

Initial Application  
 Amended Application  
 Date: 6/3/2022 *RS*



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION

COMMITTEE ID NUMBER  
 (office use only)  
COM22-001C

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Jodi Whitehead for Show Low City Council  
 (first or last name & office)

Candidate Information: Candidate's Name (required): Jodi Whitehead

Candidate's mailing address (required): 961 N. 34th Dr

Candidate's email address (required): jodi.k.whitehead@gmail.com

Candidate's phone number (required): 760 985 2265

Candidate's website (if any): \_\_\_\_\_

Office Sought (choose one):  County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office: City Council  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): 2022

Party Affiliation:  Democrat  Green  Libertarian  Republican  Other: \_\_\_\_\_  
 (required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): Jodi Whitehead for Show Low City Council  
 (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): \_\_\_\_\_  
 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): Jodi Whitehead for Show Low City Council  
 (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: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 961 N. 34th Dr Shawlow  
Committee's email address (required): jodi.k.whitehead@gmail.com  
Committee's phone number (if any): 760 985 2265  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Jodi Whitehead  
Chairperson's physical address (required): 961 N 34th Dr Shawlow AZ  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): \_\_\_\_\_  
Chairperson's phone number (required): 760 985 2265  
Chairperson's employer (required): Living Hope Dream Centers  
Chairperson's occupation (required): Director of Development

**Treasurer's Information:** Treasurer's name (required): Jodi Whitehead  
Treasurer's physical address (required): 961 N 34th Dr Shawlow  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): jodi.k.whitehead@gmail.com  
Treasurer's phone number (required): 760 985 2265  
Treasurer's employer (required): Living Hope Dream Center  
Treasurer's occupation (required): Director of Development

**Bank or Financial Institution:** Bank name (required): Washington Federal Shawlow AZ  
(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: 5-29-2022

Treasurer's signature: \_\_\_\_\_ Date: 5-29-2022

Candidate's signature (if applicable): \_\_\_\_\_ Date: 5-29-2022