

Initial Application
 Amended Application
 Date: 11/20/2024



**CITY OF SCOTTSDALE
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
COS-2024-07

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): _____
 (first or last name & office)

Candidate Information: Candidate's Name (required): _____
 Candidate's mailing address (required): _____
 Candidate's email address (required): _____
 Candidate's phone number (required): _____
 Candidate's website (if any): _____

Office Sought (choose one): County Office: _____ District (if applicable): _____
 City/Town Office: _____ 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: _____
 (required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): Taxpayers Against Awful Apartment Zoning Exemptions
 (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): _____
 (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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COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
C05-2024-07

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 4400 N Scottsdale Road STE 9-757 Scottsdale Az. 85251
 Committee's email address (required): taaaze@gmail.com
 Committee's phone number (if any): _____
 Committee's website (if any): www.protectourscottsdale.com

Chairperson's Information: Chairperson's name (required): Bob Littlefield
 Chairperson's physical address (required): 8926 East Sheena Drive, Scottsdale, Arizona 85260
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): bob@boblittlefield.com
 Chairperson's phone number (required): (602) 228-9145
 Chairperson's employer (required): None
 Chairperson's occupation (required): retired

Treasurer's Information: Treasurer's name (required): Ashley Ragan
 Treasurer's physical address (required): 2211 East Highland Suite 210 Phx 85016
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): ashley@incomplianceaz.com
 Treasurer's phone number (required): (602) 451-4292
 Treasurer's employer (required): Self
 Treasurer's occupation (required): Compliance Consultant

Bank or Financial Institution: Bank name (required): Wells Fargo
 (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: Bob Littlefield Date: Nov 20 2024

Treasurer's signature: Ashley Ragan Date: 11-20-24

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