

Initial Application  
 Amended Application  
Date: 11/19/19



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

P20-01

COMMITTEE TYPE (choose one):

Candidate

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

Micah Powell for Mayor

Candidate Information:

Candidate's Name (required): Micah Powell

Candidate's mailing address (required): 3940 N. Monarch Dr. Eloy, AZ 85131

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

Candidate's phone number (required): 520-450-0401

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: MAYOR     District (if applicable): \_\_\_\_\_

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

Party Affiliation:  
(required for partisan offices)

Democrat     Green     Libertarian     Republican     Other: \_\_\_\_\_

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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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P20-01

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 3940 N. MONARCH DR ELOY, AZ 85131  
Committee's email address (required): MICAH ARMAYOR 2020 @ GMAIL.COM  
Committee's phone number (if any): 520-450-1419  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): MICAH POWELL  
Chairperson's physical address (required): 3940 N. MONARCH DR. ELOY, AZ 85131  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): MICAH POWELL @ GMAIL.COM  
Chairperson's phone number (required): 520-450-0401  
Chairperson's employer (required): PINAL COUNTY  
Chairperson's occupation (required): MEDICOLEGAL DEATH INVESTIGATOR

**Treasurer's Information:** Treasurer's name (required): MICAH POWELL  
Treasurer's physical address (required): 3940 N. MONARCH DR. ELOY, AZ 85131  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): MICAH POWELL @ GMAIL.COM  
Treasurer's phone number (required): 520-450-0401  
Treasurer's employer (required): PINAL COUNTY  
Treasurer's occupation (required): MEDICOLEGAL DEATH INVESTIGATOR

**Bank or Financial Institution:** Bank name (required): GREAT WESTERN 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: [Signature] Date: 11/19/19

Treasurer's signature: [Signature] Date: 11/19/19

Candidate's signature (if applicable): [Signature] Date: 11/19/19

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