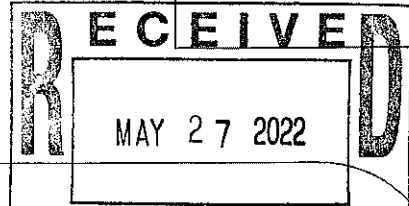


Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)



COMMITTEE TYPE (choose one):

Candidate

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

John CRANE for Mayor Town of Carefree

Candidate Information:

Candidate's Name (required): John CRANE

Candidate's mailing address (required): PO BOX 2573, CAREFREE, AZ 85377

Candidate's email address (required): John@JHCRANE.NET

Candidate's phone number (required): (602) 363-1978

Candidate's website (if any): _____

Office Sought (choose one): County Office: _____ District (if applicable): _____

City/Town Office: MAYOR 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: (required for partisan offices) Democrat Green Libertarian Republican Other: _____

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)

Initial Application
 Amended Application
 Date: 5/27/22



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)

RECEIVED
 MAY 27 2022

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 2573, Town of Carefree 77
 Committee's email address (required): JOHN@JHCRANE.NET
 Committee's phone number (if any): (602) 363-1978
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): John CRANE
 Chairperson's physical address (required): 35026 N Sunset Trail
 Chairperson's mailing address (if different): PO Box 2573, Carefree AZ 85377
 Chairperson's email address (required): JOHN@JHCRANE.NET
 Chairperson's phone number (required): (602) 363-1978
 Chairperson's employer (required): JH CRANE & Associates, Inc.
 Chairperson's occupation (required): SALES Representative

Treasurer's Information: Treasurer's name (required): John CRANE
 Treasurer's physical address (required): 35026 N Sunset Trail, Carefree, AZ 85377
 Treasurer's mailing address (if different): PO Box 2573, Carefree, AZ 85377
 Treasurer's email address (required): JOHN@JHCRANE.NET
 Treasurer's phone number (required): (602) 363-1978
 Treasurer's employer (required): JH CRANE & Associates, Inc.
 Treasurer's occupation (required): SALES Representative

Bank or Financial Institution: Bank name (required): USAA SAVINGS 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: 5-27-2022

Treasurer's signature: [Signature] Date: 5-27-2022

Candidate's signature (if applicable): [Signature] Date: 5-27-2022