

- Initial Application
 - Amended Application
- Date: 04/06/2023



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)
2023-01

Received electronically
4/8/2023 at 11:14 a.m.

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Tamara Floyd Campaign

Candidate Information: Candidate's Name (required): Tamara Floyd
 Candidate's mailing address (required): P.O. Box 6493, Goodyear, AZ 85338
 Candidate's email address (required): TamaraFloyd4Goodyear@gmail.com
 Candidate's phone number (required): (602) 373-9844
 Candidate's website (if any): TamaraFloyd4Goodyear.com

Office Sought (choose one): County Office: _____ District (if applicable): _____
 City/Town Office: Goodyear 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): 2024

Party Affiliation: (required for partisan offices) Democrat Green Libertarian Republican Other: Non-Partisan

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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COMMITTEE ID NUMBER
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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): P.O. Box 6493, Goodyear, AZ 85338
Committee's email address (required): TamaraFloyd4Goodyear@gmail.com
Committee's phone number (if any): (623) 505-5504
Committee's website (if any): TamaraFloyd4Goodyear.com

Chairperson's Information: Chairperson's name (required): Tamara Floyd
Chairperson's physical address (required): 15367 West Madison St, Goodyear, AZ 85338
Chairperson's mailing address (if different): P.O. Box 6493, Goodyear, AZ 85338
Chairperson's email address (required): TamaraFloyd4Goodyear@gmail.com
Chairperson's phone number (required): (602) 373-9844
Chairperson's employer (required): University of Arizona MCCE
Chairperson's occupation (required): Outreach Director

Treasurer's Information: Treasurer's name (required): Tamara Floyd
Treasurer's physical address (required): 15367 West Madison St, Goodyear, AZ 85338
Treasurer's mailing address (if different): P.O. Box 6493, Goodyear, AZ 85338
Treasurer's email address (required): TamaraFloyd4Goodyear@gmail.com
Treasurer's phone number (required): (602) 373-9844
Treasurer's employer (required): University of Arizona MCCE
Treasurer's occupation (required): Outreach Director

Bank or Financial Institution: Bank name (required): AlaskaUSA Federal Credit Union
(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: 04/06/2023

Treasurer's signature: [Signature] Date: 04/06/2023

Candidate's signature (if applicable): [Signature] Date: 04/06/2023