

Initial Application
 Amended Application
Date: _____



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

23-02

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information:
Candidate's Name (required): Teri Roberts
Candidate's mailing address (required): 15675 W. Vernon Ave Goodyear AZ
Candidate's email address (required): troberts@azopt.net
Candidate's phone number (required): 623-734-5545
Candidate's website (if any): roberts4goodyear.com

Office Sought (choose one): County Office: _____ District (if applicable): _____
 City/Town Office: councilmember 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: Democrat Green Libertarian Republican Other: _____
(required for partisan offices)

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CITY OF GOODYEAR
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CITY CLERK'S OFFICE

Political Action Committee (PAC)

Committee Name (required): _____
(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: (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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**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 15675 W. Vernon Ave Goodyear
 Committee's email address (required): troberts@azopt.net
 Committee's phone number (if any): 623-734-5545
 Committee's website (if any): roberts4goodyear.com

Chairperson's Information: Chairperson's name (required): Teri Roberts
 Chairperson's physical address (required): 15675 W. Vernon Ave Goodyear
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): troberts@azopt.net
 Chairperson's phone number (required): 623-734-5545
 Chairperson's employer (required): Arizona Orthopedic Physical Therapy
 Chairperson's occupation (required): Physical Therapist/owner

Treasurer's Information: Treasurer's name (required): Teri Roberts
 Treasurer's physical address (required): 15675 W. Vernon Ave Goodyear
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): troberts@azopt.net
 Treasurer's phone number (required): 623-734-5545
 Treasurer's employer (required): Arizona Orthopedic Physical Therapy
 Treasurer's occupation (required): Physical Therapist/owner

Bank or Financial Institution: Bank name (required): First Citizen 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: Teri Roberts Date: 8/15/2023

Treasurer's signature: Teri Roberts Date: 8/15/2023

Candidate's signature (if applicable): Teri Roberts Date: 8/15/2023