



**MARICOPA COUNTY
COMMITTEE
STATEMENT OF ORGANIZATION**

2019 OCT 15 AM 8:38

MARICOPA-COUNTY
DEPT. OF ELECTIONS

COMMITTEE ID#
1002032

Initial Registration

Amended Registration

| | | |
|---|---|---|
| TYPE OF POLITICAL COMMITTEE (choose one): | | DATE: 10/14/2019 |
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Political Party <i>(attach proof of qualification pursuant to ARS 16-802, 16-804 or 16-823)</i> | |
| <input type="checkbox"/> Political Action Committee (PAC) | <input type="checkbox"/> County Party | <input type="checkbox"/> Leg Dist Party |

COMMITTEE NAME (required) *If sponsored, must include sponsor's name*
Will Knight 2020

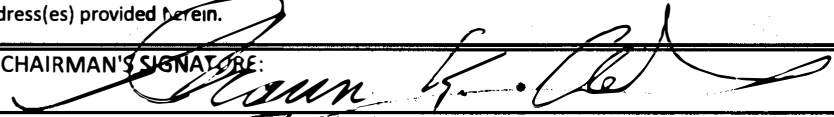
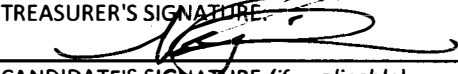

| | | | |
|---|--|-------|------|
| RESIDENCE ADDRESS (Number and Street) | CITY | STATE | ZIP |
| MAILING ADDRESS (if Different from Residence Address) | CITY | STATE | ZIP |
| COMMITTEE PHONE # (required) | COMMITTEE EMAIL ADDRESS (required) | | |
| COMMITTEE WEBSITE (if any) www.knight2020.com | ELECTION CYCLE (year the election will take place) | | 2020 |

| CANDIDATE INFORMATION | | | |
|--|---|-------|-----|
| CANDIDATE NAME: William H. Knight | | | |
| PARTY AFFILIATION: Democratic Party | OFFICE SOUGHT: (Including District) Maricopa County Attorney | | |
| RESIDENCE ADDRESS (Number and Street) | CITY | STATE | ZIP |

| POLITICAL ACTION COMMITTEE INFORMATION | | | |
|--|--|--|--|
| POLITICAL FUNCTION (select any that apply) | | Candidate Related Independent Expenditures | |
| <input type="checkbox"/> Contributions | <input type="checkbox"/> Recall Expenditures | <input type="checkbox"/> Ballot Measure Expenditures | |

| SPECIAL STATUS (if applicable) | |
|--|--|
| <input type="checkbox"/> Separate Segregated Fund of a Corporation, LLC, Partnership, or Union | <input type="checkbox"/> Mega PAC (provide copy of AZSOS registration) |
| <input type="checkbox"/> Standing Committee (provide copy of AZSOS registration) | |

| SPONSORSHIP INFORMATION (if applicable) | |
|---|------------------|
| NAME OR NICKNAME | PHONE NUMBER |
| MAILING ADDRESS | |
| EMAIL ADDRESS | WEBSITE (if any) |

| BANK ACCOUNT INFORMATION (BANK NAME) | | | |
|---|---|----------------------|-----------|
| 1. Alliance Bank | 2. | 3. | |
| COMMITTEE OFFICER INFORMATION: | | | |
| CHAIRPERSON (First Name) Shawn | | (Last Name) Aiken | |
| RESIDENCE ADDRESS (Number and Street) | | CITY | STATE ZIP |
| MAILING ADDRESS (If Different from Residence Address) | | CITY | STATE ZIP |
| CHAIRMAN PHONE # | CHAIRMAN EMAIL ADDRESS CHAIRMAN EMPLOYER Aiken | | |
| CHAIRMAN OCCUPATION Attorney | Schenk Ricciardi P.C. (Last Name) | | |
| TREASURER (First Name) Nathan | | Prince | |
| RESIDENCE ADDRESS (Number and Street) | | CITY | STATE ZIP |
| MAILING ADDRESS (If Different from Residence Address) | | CITY | STATE ZIP |
| TREASURER TELEPHONE # | TREASURER EMAIL ADDRESS TREASURER EMPLOYER | | |
| TREASURER OCCUPATION Attorney | Medical Flight Services, LLC | | |
| 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. | | | |
| DATE: 14 October 2019 | CHAIRMAN'S SIGNATURE:  | | |
| DATE: 14-OCT-2019 | TREASURER'S SIGNATURE:  | | |
| DATE: 10/19/2019 | CANDIDATE'S SIGNATURE (if applicable):  | | |