

Initial Application
 Amended Application
Date: _____



MARICOPA COUNTY COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
1002520

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information
Candidate's Name (required) _____
Candidate's mailing address (required) _____
Candidate's email address (required) _____
Candidate's phone number (required) _____
Candidate's website (if any) _____

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

Party Affiliation (required for partisan offices)
 Democrat Libertarian No Labels Republican Other _____

Political Action Committee (PAC)

Committee Name (required)
(if sponsored, must include sponsor's name) THE 1776 PROJECT PAC

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)

MARICOPA COUNTY
OCT 11 2024
ELECTIONS DEPT.

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Date _____



**MARICOPA COUNTY
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)
1002520

COMMITTEE INFORMATION

Contact Information: Committee's mailing address (required): PO BOX 2891, SPRINGFIELD, VA 22152
Committee's email address (required): STACI@SAGEADVISORYGROUP.CO
Committee's phone number (if any): _____
Committee's website (if any): WWW.1776PROJECTPAC.COM

Chairperson's Information Chairperson's name (required): RYAN GIRDUSKY
Chairperson's physical address (required): 60-53 72ND ST, MASPETH, NY 11378
Chairperson's mailing address (if different): PO BOX 2891, SPRINGFIELD, VA 22152
Chairperson's email address (required): RYAN@1776PROJECT-PAC.COM
Chairperson's phone number (required): (917) 678-2124
Chairperson's employer (required): EUPORIE LLC
Chairperson's occupation (required): PRESIDENT

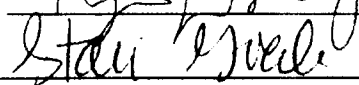
Treasurer's Information Treasurer's name (required): STACI GOEDE
Treasurer's physical address (required): 7816 ROSE GARDEN LANE, SPRINGFIELD, VA 22153
Treasurer's mailing address (if different): 7816 ROSE GARDEN LANE, SPRINGFIELD, VA 22153
Treasurer's email address (required): STACI@SAGEADVISORYGROUP.CO
Treasurer's phone number (required): 703.371.5852
Treasurer's employer (required): SAGE ADVISORY GROUP
Treasurer's occupation (required): CONSULTANT

Bank or Financial Institution Bank name (required): CHAIN BRIDGE BANK, N.A.
(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:  Date: 10/11/24

Treasurer's signature:  Date: 10/11/2024

Candidate's signature (if applicable): _____ Date: _____