

- ☐ Initial Application
☐ Amended Application

Date: DEC 2 3 2024



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

PAC-2024-02

RECEIVED

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: ☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: _____
(required for partisan offices)

☒ **Political Action Committee (PAC)**

Committee Name (required): Save the Rural Verde
(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: Sponsor's name or nickname (required): _____
(if applicable) 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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Date: DEC 23 2024



STATE OF ARIZONA
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COMMITTEE INFORMATION

Contact Information:

Committee's mailing address (required): 1895 S. Quarterhorse lane, Camp Verde, Az 86322
Committee's email address (required): jordyllynnFNP@gmail.com
Committee's phone number (if any): (480) 612-1742
Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): Christa Brunori
Chairperson's physical address (required): 1228 W. Buffalo trail, Camp Verde, Az, 86322
Chairperson's mailing address (if different): 522 W. Finney Flat Rd, STE E PMB 118
Chairperson's email address (required): christa.brunori@gmail.com
Chairperson's phone number (required): (928) 274-6975
Chairperson's employer (required): Self Employed - Horsin Around LLC
Chairperson's occupation (required): Ranch Manager

Treasurer's Information:

Treasurer's name (required): Jordy Weaver
Treasurer's physical address (required): 1895 S. Quarterhorse lane, Camp Verde, Az 86322
Treasurer's mailing address (if different): _____
Treasurer's email address (required): jordyllynnFNP@gmail.com
Treasurer's phone number (required): (480) 612-1742
Treasurer's employer (required): Self -Employed - Jordy Lynn FNP-C, PLLC
Treasurer's occupation (required): Family Nurse Practitioner

Bank or Financial Institution:
(do not list acct numbers)

Bank name (required): Foothills Bank
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: 12/23/24

Treasurer's signature: _____

Date: 12/23/24

Candidate's signature (if applicable): _____

Date: _____