☐ Initial Application
☐ Amended Application
Date: Oct 7, 2019



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only) 2019-004

CITY CLERK

COMMITTEE TYPE (choose one):

Date 10 7 19 Hr. 4:07 P M

Candidate	Sign. MSCOTT
Committee Name (required):	Cathey Rusing for City Council
(first or last name & office)	
Candidate Information:	Candidate's Name (required): Cathey Rusing
	Candidate's mailing address (required): Prescott, AZ 86303
	Candidate's email address (required):
	Candidate's phone number (required):
	Candidate's website (if any): (none now)
Office Sought (choose one):	□ Governor □ Secretary of State □ Attorney General □ State Treasurer □ Superintendent of Public Instruction □ State Mine Inspector □ Corporation Commissione
	☐ State Senate ☐ State House of Representatives ☐ District (required):
	☐ County Office: ☐ District (if applicable):
	City/Town Office: City Council Member District (if applicable):
Election Cycle for Office Souç	tht (year the election will take place) (required): 2019
Party Affiliation: (required for partisan offices)	☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: (not required)
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
Consequentia Information	Changer's name or nightname (required):
Sponsorship Information: (if applicable)	Sponsor's mailing address (required): Sponsor's mailing address (required):
(ii applicable)	Sponsor's email address (required):
	Sponsor's phone number (if any):
	Sponsor's website (if any):
0 101	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
Special Status	
Special Status (if applicable)	☐ Standing Committee (must also complete separate standing committee registration)
	☐ Standing Committee (must also complete separate standing committee registration) ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
(if applicable)	
	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
(if applicable) Political Party	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
☐ Political Party Committee Name (required):	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
Political Party Committee Name (required): (must include party affiliation)	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) ☐ 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)
Political Party Committee Name (required): (must include party affiliation)	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)

☐ Initial Application ☐ Amended Application Date: Oct 7, 2019



COMMITTEE ID NUMBER (office use only)
2019-004

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 2194 Forest Mountain Rd, Prescott, AZ 86303
	Committee's email address (required): twrusing@gmail.com
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): Tom Rusing
	Chairperson's physical address (required): Prescott, AZ 86303
	Chairperson's mailing address (if different): (same)
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required): none
	Chairperson's occupation (required): retired surgeon
Treasurer's Information:	Treasurer's name (required): Rod Moyer
	Treasurer's physical address (required): Prescott, AZ 86303
	Treasurer's mailing address (if different):
	Treasurer's email address (required):
	Treasurer's phone number (required):
	Treasurer's employer (required): none
	Treasurer's occupation (required): retired engineer and IT manager
Bank or Financial Institution:	Bank name (required): State Bank of Arizona
(do not list acct numbers)	Additional bank name (if applicable): PayPal.com
	Additional bank name (if applicable):

DECLARATION AND SIGNATURES:

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	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: Turns W + Man Date: 10/02/2019
	Treasurer's signature: Date: 10/02/2019
	Candidate's signature (if applicable): (Athus) (Custry) Date: 10/02/2019
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