

☒ Initial Application  
☐ Amended Application  
Date: 02/21/2024



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

MC24-02

COMMITTEE TYPE (choose one):

☒ **Candidate**

Committee Name (required): Committee for Billie Davis for City Council  
(first or last name & office)

Candidate Information: Candidate's Name (required): Billie Davis  
Candidate's mailing address (required): 1315 E. Racine Drive Casa Grande Az 85122  
Candidate's email address (required): BillieDavis2024@gmail.com  
Candidate's phone number (required): (520) 280-1570  
Candidate's website (if any): n/a

Office Sought (choose one): ☒ County Office: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_  
☒ City/Town Office: City Council ☐ 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)

☐ **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: 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): Committee for Billie Davis for City Council  
(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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COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 1315 E. Racine Drive Casa Grande Az 85122  
Committee's email address (required): BillieDavis2024@gmail.com  
Committee's phone number (if any): (520) 280-1570  
Committee's website (if any): n/a

**Chairperson's Information:** Chairperson's name (required): Billie Davis  
Chairperson's physical address (required): 1315 E. Racine Drive Casa Grande Arizona  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): BillieDavis2024@gmail.com  
Chairperson's phone number (required): (520) 280-1570  
Chairperson's employer (required): Helping Associates Inc.  
Chairperson's occupation (required): Clinical Therapist 11

**Treasurer's Information:** Treasurer's name (required): Billie Davis  
Treasurer's physical address (required): 1315 E. Racine Drive Casa Grande 85122  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): BillieDavis2024@gmail.com  
Treasurer's phone number (required): (520) 280-1570  
Treasurer's employer (required): Helpng associates, Inc  
Treasurer's occupation (required): Clinical Therapist 11

**Bank or Financial Institution:** Bank name (required): Pinal County Credit Union  
(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: Billie Davis Date: 02-20-2024

Treasurer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_