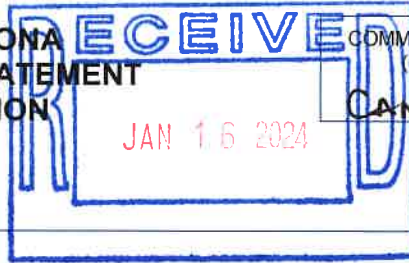


Initial Application  
 Amended Application  
 Date: \_\_\_\_\_



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION



COMMITTEE ID NUMBER  
 (office use only)  
 CAN 24-02

COMMITTEE TYPE (choose one):

**Candidate**

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

Rev. Le'on Willis for City Council

Candidate Information:

Candidate's Name (required): Le'on M Willis

Candidate's mailing address (required): 19094 N. Tois Way, Maricopa, AZ

Candidate's email address (required): LMWILLIS1@yahoo.com

Candidate's phone number (required): 708.220.2500

Candidate's website (if any): \_\_\_\_\_

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: Independent

**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):  
 (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)

- Initial Application
  - Amended Application
- Date: \_\_\_\_\_



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 19094 N Ibis Way, Maricopa, AZ 85138  
 Committee's email address (required): LMWILLIS1@yahoo.com  
 Committee's phone number (if any): 708.220.2500  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Aubrey F. Morris  
 Chairperson's physical address (required): 44270 W Palo Verde  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): Aubreyfmorris@live.com  
 Chairperson's phone number (required): 480.388-6946  
 Chairperson's employer (required): Global Indemnity Insurance  
 Chairperson's occupation (required): J.T. Executive

**Treasurer's Information:** Treasurer's name (required): Tasha Willis  
 Treasurer's physical address (required): 19094 N Ibis Way, Maricopa, AZ 85138  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): TWILLIS1110@gmail.com  
 Treasurer's phone number (required): 602.420.3860  
 Treasurer's employer (required): Apria Healthcare  
 Treasurer's occupation (required): Kaisee Team Manager

**Bank or Financial Institution:** Bank name (required): Chase  
 (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: [Signature] Date: \_\_\_\_\_  
 Treasurer's signature: [Signature] Date: 01/09/2024  
 Candidate's signature (if applicable): [Signature] Date: 01/09/2024