



CITY OF BUCKEYE
 POLITICAL COMMITTEE
 STATEMENT OF ORGANIZATION

City Clerk

Titles 16 & 19 Arizona Revised Statutes
 Definitions, statutory references and important information on reverse.

AUG 22 2016

Received for

Initial Registration Out of State Committee Amended Statement

ID# D3-C-2016-03

NAME OF POLITICAL COMMITTEE <u>Jarvis Berry SR</u>		DATE	
ADDRESS (NUMBER & STREET) <u>25702 W Victory St</u>		CITY <u>Buckeye</u>	STATE <u>AZ</u>
MAILING ADDRESS (If different from above) <u>Same as original</u>		CITY	STATE <u>AZ</u>
COMMITTEE TELEPHONE #		COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS

DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? YES NO
 If yes, please provide the following information:

NAME OF SPONSORING ORGANIZATION <u>Jarvis Berry SR</u>	TYPE OF ORGANIZATION
ADDRESS OF SPONSORING ORGANIZATION <u>25702 W Victor St</u>	RELATIONSHIP TO POLITICAL COMMITTEE

TYPE OF POLITICAL COMMITTEE - Please check only one box:

CANDIDATE'S CAMPAIGN COMMITTEE (primary or general) AN ASSOCIATION OR COMBINATION OF PERSONS THAT MEETS BOTH CRITERIA:

SEPARATE SEGREGATED FUND (A.R.S. § 16-920 (A))

AN ASSOCIATION OR COMBINATION OF PERSONS THAT CIRCULATES PETITIONS IN SUPPORT OF THE QUALIFICATION OF A BALLOT MEASURE

Petition Serial Number _____

AN ASSOCIATION OR COMBINATION OF PERSONS THAT CIRCULATE A RECALL PETITION

POLITICAL PARTY (see A.R.S. §§ 16-801, 16-804, 16-821 and 16-825)

POLITICAL ORGANIZATION (see A.R.S. § 16-823)

EXPLORATORY COMMITTEE

OTHER TYPE OF COMMITTEE (please describe)

CHECK HERE IF REGISTERED WITH THE SECRETARY OF STATE AS A STANDING POLITICAL COMMITTEE PURSUANT TO A.R.S. § 16-902.01.
 (You must provide a copy of the statement of organization filed with the Secretary of State designating standing committee status)

EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. §16-902(A).

NAME OF COMMITTEE CHAIRMAN	CHAIRMAN'S TELEPHONE #	CHAIRMAN'S FAX #	
CHAIRMAN'S ADDRESS <u>Same AS original copy</u>	CITY	STATE	ZIP
CHAIRMAN'S OCCUPATION	CHAIRMAN'S EMPLOYER	CHAIRMAN'S E-MAIL ADDRESS	
NAME OF COMMITTEE TREASURER	TREASURER'S TELEPHONE #	TREASURER'S FAX #	
TREASURER'S ADDRESS	CITY	STATE	ZIP
TREASURER'S OCCUPATION	TREASURER'S EMPLOYER	TREASURER'S E-MAIL ADDRESS	

A POLITICAL COMMITTEE THAT ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION (A.R.S. § 16-902(C)). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)

BoFA

JUL 19 2016

Received

1. 457030083802 2. _____ 3. _____

FOR AN EXPLORATORY COMMITTEE OR A CANDIDATE'S CAMPAIGN COMMITTEE, PROVIDE THE FOLLOWING INFORMATION: (Office sought is optional for an Exploratory Committee.)

NAME OF DESIGNATING INDIVIDUAL (DI) OR CANDIDATE		CANDIDATE'S OR DESIGNATING INDIVIDUAL'S E-MAIL ADDRESS	
OFFICE SOUGHT			
DI's OR CANDIDATE'S ADDRESS	CITY	STATE	ZIP

CANDIDATE'S (or DESIGNATING INDIVIDUAL'S) STATEMENT: I authorize the above-named political committee as my political committee to receive contributions and make expenditures on my behalf for the election in 2016.

Date: 6/30/16 Candidate's or DI's signature: [Signature]

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, pursuant to A.R.S. § 16-902.01(86) have read all the applicable laws relating to campaign finance and reporting and have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 6/30/16 Chairman's signature: [Signature]

Date: 6/30/16 Treasurer's signature: [Signature]

DEFINITION OF POLITICAL COMMITTEE: A.R.S. § 16-901(19) "Political committee" means any of the following:

- a) A candidate or a candidate's campaign committee.
- b) A separate, segregated fund established pursuant to section 16-920, subsection A, paragraph 3.
- c) An association or combination of persons that circulates petitions in support of the qualification of a ballot measure, question or proposition.
- d) An association or combination of persons that circulates a petition to recall a public officer.
- e) A political party.
- f) An association or combination of persons that meets both of the following requirements:
 - i. Is organized, conducted or combined for the primary purpose of influencing the result of any election in this state or in any county, city, town or other political subdivision in this state, including a judicial retention election.
 - ii. Knowingly receives contributions or makes expenditures of more than five hundred dollars in connection with any election during a calendar year, including a judicial retention election.
- g) A political organization.
- h) An exploratory committee.

The types of political committees are listed on the front of this form.

NOTE FOR INDIVIDUALS INVOLVED IN POLITICAL ACTIVITIES: An individual acting alone, unless that individual is a candidate, is not a political committee under Arizona law and need not file a statement of organization. If any additional person or persons join the effort begun by an individual and meets the definition of a "political committee" in A.R.S. § 16-901(19) under Arizona law, the committee must register pursuant to A.R.S. § 16-902.01(A).

NOTE FOR THOSE INVOLVED IN INITIATIVE, REFERENDUM AND RECALL EFFORTS: Before circulating initiative, referendum or recall petitions, a political committee must file its statement of organization with the appropriate filing office. Signatures obtained on petitions prior to the filing of the statement of organization are void and shall not be counted in determining the legal sufficiency of the petition. A.R.S. §§ 19-114(B) and 19-202(C). Even though an individual, acting alone, may begin the initiative, referendum or recall effort, as soon as other persons join the effort to circulate petitions in support of the effort, the association of persons must register as a political committee.



CITY OF BUCKEYE
POLITICAL COMMITTEE

City Clerk

STATEMENT OF ORGANIZATION

Titles 16 & 19 Arizona Revised Statutes

Definitions, statutory references and important information on reverse.

JUN 30 2016

Received *for*

Initial Registration

Out of State Committee

Amended Statement

ID# D3-C-2016-023

NAME OF POLITICAL COMMITTEE <i>Jarvis Berry Sr.</i>		DATE <i>6/30/16</i>	
ADDRESS (NUMBER & STREET) <i>25769 W. Elwood St</i>	CITY <i>Buckeye</i>	STATE <i>AZ</i>	ZIP <i>85326</i>
MAILING ADDRESS (If different from above)	CITY	STATE	ZIP
COMMITTEE TELEPHONE # <i>623-570-3723</i>	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS	

DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? YES NO
If yes, please provide the following information:

NAME OF SPONSORING ORGANIZATION <i>Jarvis Berry Sr.</i>	TYPE OF ORGANIZATION
ADDRESS OF SPONSORING ORGANIZATION <i>25769 W. Elwood St</i>	RELATIONSHIP TO POLITICAL COMMITTEE

TYPE OF POLITICAL COMMITTEE - Please check only one box:

CANDIDATE'S CAMPAIGN COMMITTEE (primary or general)

SEPARATE SEGREGATED FUND (A.R.S. § 16-920 (A))

AN ASSOCIATION OR COMBINATION OF PERSONS THAT CIRCULATES PETITIONS IN SUPPORT OF THE QUALIFICATION OF A BALLOT MEASURE
Petition Serial Number _____

AN ASSOCIATION OR COMBINATION OF PERSONS THAT CIRCULATE A RECALL PETITION

POLITICAL PARTY (see A.R.S. §§ 16-801, 16-804, 16-821 and 16-825)

AN ASSOCIATION OR COMBINATION OF PERSONS THAT MEETS BOTH CRITERIA:
1. IS ORGANIZED, CONDUCTED OR COMBINED FOR THE PRIMARY PURPOSE OF INFLUENCING THE RESULTS OF ANY ELECTION; AND
2. KNOWINGLY RECEIVES CONTRIBUTIONS OR MAKES EXPENDITURES OF MORE THAN \$500 IN CONNECTION WITH ANY ELECTION DURING A CALENDAR YEAR.

POLITICAL ORGANIZATION (see A.R.S. § 16-823)

EXPLORATORY COMMITTEE

OTHER TYPE OF COMMITTEE (please describe)

CHECK HERE IF REGISTERED WITH THE SECRETARY OF STATE AS A STANDING POLITICAL COMMITTEE PURSUANT TO A.R.S. § 16-902.01. (You must provide a copy of the statement of organization filed with the Secretary of State designating standing committee status)

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NAME OF COMMITTEE CHAIRMAN <i>Mary Kabago</i>	CHAIRMAN'S TELEPHONE # <i>(623) 570-0662</i>	CHAIRMAN'S FAX #	
CHAIRMAN'S ADDRESS <i>2611 S. 218th Dr.</i>	CITY <i>Buckeye</i>	STATE <i>AZ</i>	ZIP <i>85326</i>
CHAIRMAN'S OCCUPATION <i>Journalist / Business</i>	CHAIRMAN'S EMPLOYER <i>Self</i>	CHAIRMAN'S E-MAIL ADDRESS <i>marykabago2@gmail.com</i>	
NAME OF COMMITTEE TREASURER <i>Mary Kabago</i>	TREASURER'S TELEPHONE # <i>(623) 570-0662</i>	TREASURER'S FAX #	
TREASURER'S ADDRESS <i>2611 S. 218th Dr.</i>	CITY <i>Buckeye</i>	STATE <i>AZ</i>	ZIP <i>85326</i>
TREASURER'S OCCUPATION <i>Journalist / Business</i>	TREASURER'S EMPLOYER <i>Self</i>	TREASURER'S E-MAIL ADDRESS <i>marykabago2@gmail.com</i>	

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BoFA

1. 457030083802

JUL 19 2016

2. _____
Received *for*

3. _____

FOR AN EXPLORATORY COMMITTEE OR A CANDIDATE'S CAMPAIGN COMMITTEE, PROVIDE THE FOLLOWING INFORMATION:
(Office sought is optional for an Exploratory Committee.)

NAME OF DESIGNATING INDIVIDUAL (DI) OR CANDIDATE		CANDIDATE'S OR DESIGNATING INDIVIDUAL'S E-MAIL ADDRESS	
OFFICE SOUGHT			
DI's OR CANDIDATE'S ADDRESS	CITY	STATE	ZIP

CANDIDATE'S (or DESIGNATING INDIVIDUAL'S) STATEMENT: I authorize the above-named political committee as my political committee to receive contributions and make expenditures on my behalf for the election in 2016.

Date: 6/30/16 Candidate's or DI's signature: *[Signature]*

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, pursuant to A.R.S. § 16-902.01(86) have read all the applicable laws relating to campaign finance and reporting and have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 6/30/16 Chairman's signature: *[Signature]*

Date: 6/30/16 Treasurer's signature: *[Signature]*

DEFINITION OF POLITICAL COMMITTEE: A.R.S. § 16-901(19) "Political committee" means any of the following:

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- c) An association or combination of persons that circulates petitions in support of the qualification of a ballot measure, question or proposition.
- d) An association or combination of persons that circulates a petition to recall a public officer.
- e) A political party.
- f) An association or combination of persons that meets both of the following requirements:
 - i. Is organized, conducted or combined for the primary purpose of influencing the result of any election in this state or in any county, city, town or other political subdivision in this state, including a judicial retention election.
 - ii. Knowingly receives contributions or makes expenditures of more than five hundred dollars in connection with any election during a calendar year, including a judicial retention election.
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NOTE FOR THOSE INVOLVED IN INITIATIVE, REFERENDUM AND RECALL EFFORTS: Before circulating initiative, referendum or recall petitions, a political committee must file its statement of organization with the appropriate filing office. Signatures obtained on petitions prior to the filing of the statement of organization are void and shall not be counted in determining the legal sufficiency of the petition. A.R.S. §§ 19-114(B) and 19-202(C). Even though an individual, acting alone, may begin the initiative, referendum or recall effort, as soon as other persons join the effort to circulate petitions in support of the effort, the association of persons must register as a political committee.

2. **SOURCES OF COMPENSATION**

List names and addresses of all employers and all other sources of compensation in excess of \$1,000 received during the preceding calendar year by you, your spouse or members of your household (those persons listed in 1 (a), (b) and (c) above), or received by any other person for the use or benefit of you, your spouse or members of your household. Also, describe the nature of each employer's business and the services for which compensation was received.

You Need Not List:

Income to a business listed in 1 (d), specifically those individual sources of compensation that constituted a portion of the gross income of the business from which you or members of your household derived compensation.

Local Public Officer or Member of Household	Description of Employer's Name & Address of Employer or Other Source of Compensation over \$1,000	Business and Individual's Services for Which Compensation Was Received
Jarvis Berry	ARIZONA CARE HOMES 16781 W HILTON AVE GOODYEAR 85335	

3. **INFORMATION ON CONTROLLED BUSINESS**

In Columns (1) and (2) give the name of any controlled business and describe the goods or services provided by the business.

If a single source of compensation to the controlled business amounts to more than \$10,000 and 25 percent of the gross income of the business, indicate the nature of the goods and services provided to the customer or client and a description of the business activities if that customer or client is a business in Columns (3) and (4). If there is no such major client or customer, leave Columns (3) and (4) blank.

You Need Not List:

- The identity of any customer or client.
- The amount of income from any customer or client.
- The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Controlled Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 25% of Gross)	Business Activity of the Major Customer or Client, if a Business

(Use additional sheet if there is more than one such major customer or client of a controlled business.)

4. **INFORMATION ON DEPENDENT BUSINESS**

A "dependent business" is so-called because over half of its income is dependent on one major customer or client. A dependent business may also be a controlled business if the public officer or members of his household also own more than a fifty percent interest in the business. If a dependent business is listed as a controlled business under Item 3, it need not be listed in this item.

Describe the goods or services provided by the business, the goods or services provided to the major customer or client and the business activity if the major customer or client is a business.

You Need Not List:

- The identity of any customer or client.
- The amount of income from any customer or client.
- The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Dependent Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 50% of Gross)	Business Activity of the Major Customer or Client, if a Business
<i>n/a</i>			

(Use additional sheet if there is more than one such major customer or client of a dependent business.)

6. **REAL PROPERTY OWNERSHIP IN CITY OF BUCKEYE.**

List all real property interests and real property improvements located in the City of Buckeye, including location and approximate size in which you, any member of your household or a controlled or dependent business held legal title or a beneficial interest at any time during the preceding calendar year, and the value, by category, of the equity in any such property.

If you or any member of your household or a controlled or dependent business acquired or divested any such interest during the preceding calendar year, disclose the transaction made and date that it occurred. If the controlled or dependent business is in the business of dealing in real property or improvements, disclosure need not include individual parcels or transactions, but the aggregate value of all such parcels.

You Need Not List:

- Your primary residence.
- Property used for personal recreation by you.
- Individual parcels and transactions, if a controlled or dependent business is a dealer in real property.*

Location and Approximate Size of Realty in City	Local Public Officer or Member of Household or Business from Items 3 or 4	Value of Equity by Category	Date Acquired or #Divested
<i>N/A</i>			

*Business dealers in real property---state only name of controlled or dependent business and aggregate value of equity interests, by category number, of all parcels held during the year.

Name of Controlled or Dependent Business Dealer in Real Property	Aggregate Value of Equity Interests by Category #
<i>N/A</i>	

7. **DEBTS; EXCEPTIONS**

List names and addresses of creditors for all debts in excess of \$1,000 owed by you or members of your household either in your own names or in the names of any other persons at any time during the preceding calendar year.

List names and addresses of creditors to whom a controlled or dependent business owed a debt of more than \$10,000 which was also more than 30 percent of the total business indebtedness at any time during the preceding calendar year.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

- Debts resulting from the ordinary conduct of a business other than a controlled or dependent business.
- Credit card transactions.
- Debts on residences or recreational property exempt from disclosure.
- Retail installment contracts.
- Debts on motor vehicles not used for commercial purposes.
- Debts secured by cash values on life insurance.
- Debts owed to relatives.
- Any amounts.

PERSONAL DEBTS OVER \$1,000

Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	Incurred and/or Discharged
<i>N/A</i>		

BUSINESS DEBTS OVER \$10,000 AND 30%

Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	Incurred and/or Discharged
<i>N/A</i>		

8. **DEBTORS**

List the name of the debtor for each debt in excess of \$1,000 owed at any time during the preceding calendar year to you and members of your household or to any other person for the use or benefit of the aforementioned persons.

List the name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business at any time during the preceding calendar year.

Give the amount of each debt by category number.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Those debts owed to you or members of your household resulting from the ordinary conduct of a business other than a controlled or dependent business.

DEBTS OVER \$1,000 OWED TO YOU PERSONALLY

Name of Debtor	Local Public Officer or Member of Household to Whom Debt is Owed	Amount by Category #	Date Incurred and/or Discharged
<i>NA</i>			

DEBTS OVER \$10,000 AND 30% OWED TO YOUR BUSINESS

Name of Debtor	Name of Controlled or Dependent Business to Whom the Debt is Owed (Business from Item 3 or 4)	Amount by Category #	Date Incurred and/or Discharged
<i>NA</i>			

9. **GIFTS**

List each source of any gift or accumulated gifts in excess of \$500 in value received during the preceding calendar year by you, members of your household or by any other person for the use or benefit of the aforementioned persons.

You Need Not List:

- Gifts received by will.
- Gifts received by intestate succession.
- Gifts received from intervivos (living) trusts established by a spouse or ancestor.
- Gifts received from testamentary trusts established by a spouse or ancestor.
- Gifts received from any other member of the household or relatives to the second degree of consanguinity. (Parents, grandparents, siblings, children and grandchildren of the recipient.)
- Political campaign contributions if publicly reported as political campaign contributions.
- Amounts.

Name of Donor of Gifts over \$500

Local Public Officer or Member of Household---Recipient

10. **BUSINESS LICENSES**

List all business licenses issued, by the City of Buckeye or by any other governmental agency which requires for its issuance the consideration of the application for such license by the _____ council of the _____ of _____, to, held by or in which you or any member of your household had an interest at any time during the preceding calendar year.

Type of License	Name in Which License is Issued	Local Public Officer or Member of Household Holding Interest, if Not Issued in Own Name	Type of Business	Location of Business
<i>N/A</i>				

11. **LOCAL GOVERNMENT BONDS**

List all bonds, together with their value, issued by the City of Buckeye, any industrial development authority of such city or town or any nonprofit corporation organized or authorized by such city or town held at any time during the preceding calendar year by you or any member of your household, which bonds issued by a single entity had a value in excess of \$1,000.

If the bonds were acquired or divested during the year, list whether they were acquired or divested and the date.

Bonds Over \$1,000	Issuing Agency	Local Public Officer or Member of Household	Value by Category #	Date Acquired and/or Divested
<i>N/A</i>				

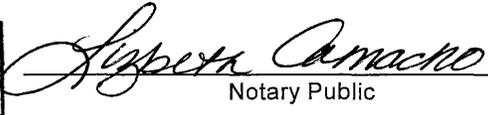
VERIFICATION

I do solemnly swear that the foregoing Financial Disclosure Statement filed herewith is in all things true and correct and fully shows all information required to be reported by me.


Signature of Affiant

SUBSCRIBED and sworn to before me by Jarvis Berry
this 1st day of June, ____.




Notary Public

My Commission Expires:
March 24, 2019