



**City of Tempe  
2022 Elections**

**Independent Expenditure Notification Form**

The following disclosure(s) is/are made pursuant to A.R.S. §16-922, §16-926 (H), Tempe City Code Chapter 13, Article II, Division 3 and Tempe City Charter §7.01(h)

FILING DATE: \_\_\_\_\_

<input type="checkbox"/> <b>Initial Expenditure</b>
<input type="checkbox"/> <b>Additional Expenditure</b>

<b>Full Name of Organization</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Number</b>		<b>Email Address</b>	

<b>Expenditure Date:</b>		<b>Expenditure Amount:</b>	
<b>Vendor/Payee Name:</b>			
<b>Candidate OR Ballot Issue:</b>		<input type="checkbox"/> <b>Supports</b>	<input type="checkbox"/> <b>Opposes</b>
<b>Communication Medium/Type:</b>			
<b>Description of Purchase:</b>			



# Independent Expenditure Notification Form

Original Source - Name:	Amount of Contribution	Date of Contribution
Address:		
Employer:		

**Disclosure of Intermediary Sources where applicable:**

Intermediary Source - Name:	Amount of Contribution	Date of Contribution
Address:		
Employer:		

Person <i>from whom the Intermediary received</i> Funds:	Amount of Contribution	Date of Contribution
Address:		
Employer:		

Person <i>to whom the Intermediary transferred</i> Funds:	Amount of Contribution	Date of Contribution
Address:		
Employer:		

**Attach additional pages as needed.**



Independent Expenditure Notification Form

OATH / AFFIRMATION

Under penalty of perjury, I swear or affirm the following:

- The information contained in this disclosure from is true and complete to the best of my knowledge as of the date of this signing.
• If this expenditure was made in support or opposition to a candidate, there has been no coordination with any Candidates or Candidate Committees.
• I am the person making the expenditure, or a representative of the person, association of persons or entity making the expenditure, and that I have knowledge and authority over the operations of the person, association of persons or entity making the expenditure.

Name of person signing

Title

Signature

Date of Signature

State of \_\_\_\_\_ )

)

County of \_\_\_\_\_ )

[Name of County]

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

(Name of Signer)

Notary Public