

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
C22018-01

COMMITTEE TYPE (choose one):

Candidate

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

Jessica for Council

Candidate Information:

Candidate's Name (required): Jessica Williamson

Candidate's mailing address (required): 255 Kachina Dr, Sedona, AZ

Candidate's email address (required): jessicaw86336@gmail.com ⁸⁶³³⁶

Candidate's phone number (required): 928-699-7071

Candidate's website (if any): _____

Office Sought (choose one):

- Governor Secretary of State Attorney General State Treasurer
 Superintendent of Public Instruction State Mine Inspector Corporation Commissioner

State Senate State House of Representatives District (required): _____

County Office: _____ District (if applicable): _____

City/Town Office: Council District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2018

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:

(if applicable)

Sponsor's name or nickname (required): _____

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)

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COMMITTEE ID NUMBER
 (office use only)
C22018-01

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 255 Kachina Dr Sedona AZ 86336
 Committee's email address (required): Jessicaw86336@gmail.com
 Committee's phone number (if any): 928-699-7071
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Jessica Williamson
 Chairperson's physical address (required): 255 Kachina Dr Sedona AZ 86336
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): Jessicaw86336@gmail.com
 Chairperson's phone number (required): 928-699-7071
 Chairperson's employer (required): Retired
 Chairperson's occupation (required): Retired

Treasurer's Information: Treasurer's name (required): Kathy Levin
 Treasurer's physical address (required): 65 Sheath Dr. Sedona AZ 86336
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): Kmlevin1@gmail.com
 Treasurer's phone number (required): 928-282-7567
 Treasurer's employer (required): Retired
 Treasurer's occupation (required): "

Bank or Financial Institution: Bank name (required): _____
 (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: Jessica Williamson Date: 4-21-18
 Treasurer's signature: Kathleen M. Levin Date: 4/21/18
 Candidate's signature (if applicable): Jessica Williamson Date: 4-21-18

RECEIVED
 MAY 01 2018
 CITY OF SEDONA
 CITY CLERK'S OFFICE