

Initial Application  
 Amended Application  
Date: 5/14/18



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

C42018-02

COMMITTEE TYPE (choose one):

**Candidate**

**Committee Name (required):** Chisholm for City Council \_\_\_\_\_  
(first or last name & office)

**Candidate Information:**  
Candidate's Name (required): William John Chisholm Jr. \_\_\_\_\_  
Candidate's mailing address (required): 537 Schnebly Rd Sedona AZ 86336 \_\_\_\_\_  
Candidate's email address (required): chisholm4council@gmail.com \_\_\_\_\_  
Candidate's phone number (required): (928) 821-5699 \_\_\_\_\_  
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: Sedona City 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**  Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  
(if applicable)  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**  Standing Committee (must also complete separate standing committee registration)  
(if applicable)

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COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 537 Schnebly Rd Sedona AZ 86336 \_\_\_\_\_  
Committee's email address (required): chisholm4council@gmail.com \_\_\_\_\_  
Committee's phone number (if any): (928) 821-5699 \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): William John Chisholm Jr. \_\_\_\_\_  
Chairperson's physical address (required): 537 Schnebly Rd Sedona AZ 86336 \_\_\_\_\_  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): chisholm4council@gmail.com \_\_\_\_\_  
Chairperson's phone number (required): (928) 821-5699 \_\_\_\_\_  
Chairperson's employer (required): semi-retired, substitute teacher contract with ESI \_\_\_\_\_  
Chairperson's occupation (required): retired IT executive, substitute teacher \_\_\_\_\_

**Treasurer's Information:** Treasurer's name (required): William John Chisholm Jr. \_\_\_\_\_  
Treasurer's physical address (required): 537 Schnebly Rd Sedona AZ 86336 \_\_\_\_\_  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): chisholm4council@gmail.com \_\_\_\_\_  
Treasurer's phone number (required): (928) 821-5699 \_\_\_\_\_  
Treasurer's employer (required): semi-retired, substitute teacher contract with ESI \_\_\_\_\_  
Treasurer's occupation (required): retired IT executive, substitute teacher \_\_\_\_\_

**Bank or Financial Institution:** Bank name (required): BMO Harris Bank \_\_\_\_\_  
(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: Will / Cole Date: 5-14-2018  
Treasurer's signature: Will / Cole Date: 5-14-2018  
Candidate's signature (if applicable): Will / Cole Date: 5-14-2018

RECEIVED

MAY 14 2018

CITY OF SEDONA  
CITY CLERK'S OFFICE