

Initial Application
 Amended Application
 Date: 02/20/18-04
5/29/18



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
042018-04

COMMITTEE TYPE (choose one):

Candidate
Committee Name (required): SAM TARDIO FOR CITY COUNCIL
 (first or last name & office)

Candidate Information:
Candidate's Name (required): SAM TARDIO
Candidate's mailing address (required): 555 MOUNTAIN VIEW DR. SEDONA, AZ. 86336
Candidate's email address (required): sam32356@gmail.com
Candidate's phone number (required): (928) 300-5804
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 (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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 Amended Application
Date: 5/29/18



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

C42018-04

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 555 MOUNTAIN VIEW DR, SEDONA 86336
Committee's email address (required): SAM.32350@GMAIL.COM
Committee's phone number (if any): 928-300-5804
Committee's website (if any): TBD

Chairperson's Information:

Chairperson's name (required): SAM TARDIO
Chairperson's physical address (required): 555 MOUNTAIN VIEW DR SEDONA 86336
Chairperson's mailing address (if different): _____
Chairperson's email address (required): SAM.32350@GMAIL.COM
Chairperson's phone number (required): 928-300-5804
Chairperson's employer (required): RETIRED
Chairperson's occupation (required): RETIRED

Treasurer's Information:

Treasurer's name (required): SAM TARDIO
Treasurer's physical address (required): 555 MOUNTAIN VIEW DR SEDONA 86336
Treasurer's mailing address (if different): _____
Treasurer's email address (required): SAM.32350@GMAIL.COM
Treasurer's phone number (required): 928-300-5804
Treasurer's employer (required): RETIRED
Treasurer's occupation (required): RETIRED

Bank or Financial Institution:
(do not list acct numbers)

Bank name (required): BANK OF AMERICAN TBD
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: 5/7/18

Treasurer's signature: [Signature] Date: 5/7/18

Candidate's signature (if applicable): [Signature] Date: 5/7/18

RECEIVED

MAY 29 2018

CITY OF SEDONA
CITY CLERK'S OFFICE