



COMMITTEE ID NUMBER
(office use only)
PAC 2018-02

COMMITTEE TYPE (choose one):

☐ Candidate		
Committee Name (required): (first or last name & office)		
Candidate Information:	Candidate's Name (required):	
	Candidate's mailing address (required):	
	Candidate's email address (required):	
	Candidate's phone number (required):	
	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: ☐ District (if applicable):	
Election Cycle for Office Soug	pht (year the election will take place) (required):	
Party Affiliation: required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:	
sponsor's name) Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures	
(select any that apply)	▶ Ballot Measure Expenditures □ Recall Expenditures	
Sponsorship Information:	Sponsor's name or nickname (required): AZ Elections 18	
(if applicable)	Sponsor's mailing address (required): P.O. Box 1750, Sedona AZ86336	
	Sponsor's email address (required):	
	Sponsor's phone number (if any): 928-203-8405 Sponsor's website (if any): QZE ections 18, com	
	Openisor 5 website (ii arry)	
Special Status	tus 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		
☐ Political Party Committee Name (required): (must include party affiliation)		
Committee Name (required):	□ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)	
Committee Name (required): must include party affiliation)	☐ 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)	
Committee Name (required): (must include party affiliation)	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)	





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COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):	P.O. Box 1750 Sodona, AZ 86339
	Committee's email address (required):	steve e el portalgedona, com
	Committee's phone number (if any):	928 203 8405
	Committee's website (if any):	az elections 18, com
Chairperson's Information:	Chairperson's name (required):	Steve Segner
	Chairperson's physical address (required):	95 Portal Lane, Sedona AZ 80356
	Chairperson's mailing address (if different):	same
	Chairperson's email address (required):	Steve @ elpontal Sedona, com
	Chairperson's phone number (required):	928 203 8405
	Chairperson's employer (required):	El Portal Sedora
	Chairperson's occupation (required):	In Hoeper
Treasurer's Information:	Treasurer's name (required):	Charles D. Williamson
	Treasurer's physical address (required):	40 Sheath Drive Sedona #286
	Treasurer's mailing address (if different):	5 d mp
	Treasurer's email address (required):	Chucksodona @ msn, com
	Treasurer's phone number (required):	928 399 9399
	Treasurer's employer (required):	retired
	Treasurer's occupation (required):	re tirod
Bank or Financial Institution:		National Bank of Anizona
(do not list acct numbers)	Additional bank name (ifapplicable):	
	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:

Date:

Date:

Date:

Date:

Date:

RECEIVED

JUL 12 2018

State of Arizona

Department of State

Campaign Finance Statement of Organization



I, Michele Reagan, Arizona Secretary of State, do hereby certify that on October 11, 2017, "AZ ELECTIONS 18 PAC, INC." filed an initial Statement of Organization with the Arizona Secretary of State's Office. This committee has been assigned Identification Number 201800321. The Chairperson and Treasurer have read the Secretary of State's campaign finance filing guide, agreed to comply with Arizona campaign finance law, and agreed to accept all notifications and service of process via email.

Committee AZ ELECTIONS 18 PAC, INC.

95 PORTAL LN SEDONA, AZ 86336

Type: POLITICAL ACTION COMMITTEE

Organization Date: 10/11/2017

Bank: NATIONAL BANK OF ARIZONA, NA Contact: (928) 203-9405 chucksedona@msn.com

Chairperson STEVE SEGNER

95 PORTAL LN SEDONA, AZ 86336

Employer/Occupation: SELF EMPLOYED/hotel owner/manager

Contact: (928) 203-8405 steve@elportalsedona.com

Treasurer CHARLES WILLIAMSON

40 SHEATH DR SEDONA, AZ 86336

Employer/Occupation: RETIRED/retired

Contact: (928) 203-0081 chucksedona@msn.com



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Arizona. Done at the Capitol in Phoenix, on this day, July 11, 2018.

Michele Reagan

Michele Reagan Secretary of State

Date/Time of Certificate: 7/11/2018 2:49:27PM Verification URL: www.azsos.gov