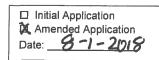




COMMITTEE ID NUMBER
(office use only)
PAC 2018-C

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 Soud | ght (year the election will take place) (required): |
| Party Affiliation: required for partisan offices) | □ Democrat □ Green □ Libertarian □ Republican □ Other |
| ☐ Political Action Comn | |
| | |
| f sponsored, must include | AZ Elections 18 PAC, Inc. |
| r sponsored, must include consor's name) | |
| f sponsored, must include ponsor's name) colitical Function (optional): | □ Contributions |
| committee Name (required): f sponsored, must include ponsor's name) colitical Function (optional): select any that apply) | |
| f sponsored, must include ponsor's name) colitical Function (optional): select any that apply) | □ Contributions |
| r sponsored, must include ponsor's name) colitical Function (optional): select any that apply) ponsorship Information: | □ Contributions |
| r sponsored, must include ponsor's name) colitical Function (optional): select any that apply) ponsorship Information: | Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): |
| r sponsored, must include consor's name) colitical Function (optional): select any that apply) ponsorship Information: | Contributions |
| r sponsored, must include consor's name) colitical Function (optional): select any that apply) ponsorship Information: | Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): |
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| r sponsored, must include consor's name) colitical Function (optional): select any that apply) ponsorship Information: f applicable) | □ Contributions |
| responsored, must include consor's name) colitical Function (optional): elect any that apply) consorship Information: rapplicable) coecial Status applicable) Coecial Party committee Name (required): | □ Contributions |
| responsored, must include consor's name) colitical Function (optional): elect any that apply) consorship Information: rapplicable) coecial Status applicable) Committee Name (required): nust include party affiliation) | □ Contributions |
| r sponsored, must include ponsor's name) colitical Function (optional): select any that apply) ponsorship Information: f applicable) pecial Status f applicable) Political Party committee Name (required): must include party affiliation) | □ Contributions |
| r sponsored, must include ponsor's name) colitical Function (optional): select any that apply) ponsorship Information: f applicable) | □ Contributions |





COMMITTEE ID NUMBER
(office use only)
PAC 2018-0

COMMITTEE INFORMATION:

address(es) provided herein.

Treasurer's signature:

Candidate's signature (if applicable):

Chairperson's signature

| Contact Information: | Committee's mailing address (required): P.O. Box 1750, Sodona, AZ 86559 |
|--------------------------------|--|
| | Committee's email address (required): 5 teva @ el portal Scalona. com |
| | Committee's phone number (if any): 928 203 8405 |
| | Committee's website (if any): a zelections 18, com |
| Chairperson's Information: | Chairperson's name (required): 5 teve Segner |
| | Chairperson's physical address (required): 95 Portal Cane, Sedona Az 86 336 |
| | Chairperson's mailing address (if different): |
| | Chairperson's email address (required): 5teve Celportalsedona, com |
| | Chairperson's phone number (required): 928 203 8405 |
| | Chairperson's employer (required): El Ponta Sedona |
| | Chairperson's occupation (required): |
| Treasurer's Information: | Treasurer's name (required): Charles D. Williamson |
| | Treasurer's physical address (required): 40 Sheath Drive, Sadona A28633 |
| | Treasurer's mailing address (if different): |
| | Treasurer's email address (required):chuck Sedona @ msn.Com |
| | Treasurer's phone number (required): 928 399 93 99 |
| | Treasurer's employer (required): |
| | Treasurer's occupation (required): |
| Bank or Financial Institution: | Bank name (required): National Bank of Anizona |
| (do not list acct numbers) | Additional bank name (ifapplicable): |
| | Additional bank name (if applicable): |
| ATION AND SIGNATURES: | |
| ATION AND SIGNATURES. | |
| | |
| I declare under penalty of per | jury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate |
| | |

RECEIVED

AUG 0:1 2018

CITY OF SEDONA CITY CLERK'S OFFICE

______ Date: _____