

Initial Application
 Amended Application
 Date: 8-1-2018



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

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):

<input type="checkbox"/> Governor	<input type="checkbox"/> Secretary of State	<input type="checkbox"/> Attorney General	<input type="checkbox"/> State Treasurer
<input type="checkbox"/> Superintendent of Public Instruction	<input type="checkbox"/> State Mine Inspector	<input type="checkbox"/> Corporation Commissioner	
<input type="checkbox"/> State Senate	<input type="checkbox"/> State House of Representatives	<input type="checkbox"/> District (required): _____	
<input type="checkbox"/> County Office: _____	<input type="checkbox"/> District (if applicable): _____		
<input type="checkbox"/> City/Town Office: _____	<input type="checkbox"/> District (if applicable): _____		

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

Party Affiliation: Democrat Green Libertarian Republican Other: _____
 (required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): AZ Elections 18 PAC, Inc.
 (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: Sponsor's name or nickname (required): AZ Elections 18 PAC
 (if applicable) Sponsor's mailing address (required): P.O. Box 1750, Sedona, AZ 86338
 Sponsor's email address (required): _____
 Sponsor's phone number (if any): 928-203-8405
 Sponsor's website (if any): azelections18.com

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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(office use only)
PAC 2018-0

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): P.O. Box 1750, Sedona, AZ 86339
Committee's email address (required): steve@elportalsedona.com
Committee's phone number (if any): 928 203 8405
Committee's website (if any): azelections18.com

Chairperson's Information:
Chairperson's name (required): Steve Segner
Chairperson's physical address (required): 95 Portal Lane, Sedona, AZ 86336
Chairperson's mailing address (if different): Same
Chairperson's email address (required): steve@elportalsedona.com
Chairperson's phone number (required): 928 203 8405
Chairperson's employer (required): El Portal Sedona
Chairperson's occupation (required): Innkeeper

Treasurer's Information:
Treasurer's name (required): Charles D. Williamson
Treasurer's physical address (required): 40 Sheath Drive, Sedona, AZ 86336
Treasurer's mailing address (if different): Same
Treasurer's email address (required): chuck.sedona@msn.com
Treasurer's phone number (required): 928 399 9399
Treasurer's employer (required): retired
Treasurer's occupation (required): retired

Bank or Financial Institution:
(do not list acct numbers) Bank name (required): National Bank of Arizona
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: 8-1-2018

Treasurer's signature: Charles D. Williamson Date: 8-1-2018

Candidate's signature (if applicable): _____ Date: _____

RECEIVED

AUG 01 2018

CITY OF SEDONA
CITY CLERK'S OFFICE