

Initial Application
 Amended Application
Date: 11/7/2020



RECEIVED
STATE OF ARIZONA
COMMITTEE STATEMENT 07 2020
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
C2020-03

CITY OF SEDONA
CITY CLERK'S OFFICE

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Jessica ~~for Council~~ 4 Sedona
(first or last name & office)

Candidate Information: Candidate's Name (required): Jessica Williamson

Candidate's mailing address (required): 255 Kachina Dr Sedona, AZ 86336

Candidate's email address (required): jessicaw86336@gmail.com

Candidate's phone number (required): 928-699-7071

Candidate's website (if any): Jessica4Sedona.com

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 District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2020

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: Sponsor's name or nickname (required): _____
(if applicable) 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)

Initial Application
 Amended Application
Date: 1/7/2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
CR020-03

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 255 Kachina Dr Sedona AZ 86336
Committee's email address (required): jessicaw86336@gmail.com
Committee's phone number (if any): 928-699-7071
Committee's website (if any): jessica4sedona.com

Chairperson's Information:

Chairperson's name (required): Jessica Williams
Chairperson's physical address (required): 255 Kachina Dr
Chairperson's mailing address (if different):
Chairperson's email address (required): jessicaw86336@gmail.com
Chairperson's phone number (required): 928-699-7071
Chairperson's employer (required): Retired
Chairperson's occupation (required): Retired

Treasurer's Information:

Treasurer's name (required): Kathleen M. Levin
Treasurer's physical address (required): 65 Sheath Drive, Sedona AZ 86336
Treasurer's mailing address (if different):
Treasurer's email address (required): kmlevin1@gmail.com
Treasurer's phone number (required): 928-821-1464
Treasurer's employer (required):
Treasurer's occupation (required): Retired

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

Bank name (required): Chase Wells Fargo
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: Jess Williams Date: 1-7-20

Treasurer's signature: Kathleen M. Levin Date: 1/7/20

Candidate's signature (if applicable): Jess Williams Date: 1-7-20