

Initial Application  
 Amended Application  
 Date: 04/24/2020



**STATE OF ARIZONA**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
H2020-01

COMMITTEE TYPE (choose one):

**■ Candidate**

Committee Name (required): Kurt for Sedona  
 (first or last name & office)

Candidate Information: Candidate's Name (required): Kurt Gehlbach

Candidate's mailing address (required): 2370 W SR 89A Suite 11 #277

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

Candidate's phone number (required): 928 301 7712

Candidate's website (if any): KurtforSedona.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: Mayor  District (if applicable): \_\_\_\_\_

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

Party Affiliation:  Democrat  Green  Libertarian  Republican  Other: NonPartisan  
 (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)

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COMMITTEE ID NUMBER  
 (office use only)  
M2020-01

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 2370 W SR 89A Suite 11 #277  
 Committee's email address (required): KurtforSedona@gmail.com  
 Committee's phone number (if any): 928 301 7712 - 518 253 1187  
 Committee's website (if any): KurtforSedona.com

**Chairperson's Information:** Chairperson's name (required): Bhairavi Patel  
 Chairperson's physical address (required): 30 Mogollon Drive  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): JetEyeHealer@gmail.com  
 Chairperson's phone number (required): 518 253 1187  
 Chairperson's employer (required): Self-Employed  
 Chairperson's occupation (required): Healer/Counselor

**Treasurer's Information:** Treasurer's name (required): Shelley Evans  
 Treasurer's physical address (required): 30 Mogollon Drive  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): sevans@nowtranscription.com  
 Treasurer's phone number (required): 405-562-0373  
 Treasurer's employer (required): Now Transcription  
 Treasurer's occupation (required): Owner/Manager

**Bank or Financial Institution:** Bank name (required): BMO Harris Bank  
 (do not list acct numbers) 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: 04/23/2020

Treasurer's signature: [Signature] Date: 04/23/2020

Candidate's signature (if applicable): [Signature] Date: 04/23/2020

RECEIVED

APR 24 2020

CITY OF SEDONA  
 CITY CLERK'S OFFICE