

Initial Application
 Amended Application
 Date: 2-3-22



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
 M2022-01

REC'D
 FEB 03 2022

COMMITTEE TYPE (choose one):

CITY OF SEDONA
 CITY CLERK'S OFFICE

Candidate

Committee Name (required): Burt For Sedona
 (first or last name & office)

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

Candidate's mailing address (required): 2372 W. State Route 89A Suite 11 #277

Candidate's email address (required): Kurt4major@gmail.com

Candidate's phone number (required): 928 301 7722

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

Office Sought (choose one): County Office: _____ District (if applicable): _____

City/Town Office: ✓ Mayor District (if applicable): _____

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

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

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

Political Action Committee (PAC)

Committee Name (required): _____
 (if sponsored, must include sponsor's name)

Political Function (optional): (select any that apply) Contributions Candidate-Related Independent Expenditures
 Ballot Measure Expenditures Recall Expenditures

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

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 INFORMATION:

Contact Information: Committee's mailing address (required): 2370 W. State Route 89A Suite 11 #277
Committee's email address (required): Kurt4mayer@gmail.com
Committee's phone number (if any): 310 386 5852
Committee's website (if any): Kurtfor.Sedona.com

Chairperson's Information: Chairperson's name (required): Lisa Falcone
Chairperson's physical address (required): 30 Leisure Ct Sedona 86336
Chairperson's mailing address (if different): Same
Chairperson's email address (required): 4artmedia@gmail.com
Chairperson's phone number (required): 310 386 5852
Chairperson's employer (required): Self
Chairperson's occupation (required): Brand Manager - ART Curator

Treasurer's Information: Treasurer's name (required): Mitchell Majer
Treasurer's physical address (required): 100 Andante Drive
Treasurer's mailing address (if different): Same
Treasurer's email address (required): 928sedona@gmail.com
Treasurer's phone number (required): 928-8211895
Treasurer's employer (required): Self employed
Treasurer's occupation (required): Real Estate

Bank or Financial Institution: Bank name (required): BMO
(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: Lisa Falcone Date: 2/3/2022

Treasurer's signature: Mitchell Majer Date: 2/3/2022

Candidate's signature (if applicable): [Signature] Date: 2/3/2022