Initial Application
Amended Application
Date: 03/14/2024



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION RECEIVE

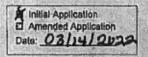
COMMITTEE ID NUMBER (office use only)

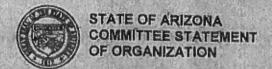
M2022-04

COMMITTEE TYPE (choose one):

MAR 1 4 2022

☐ Candidate	<i>.</i>	_		CITY OF SEDONA CITY CLERK'S OFFICE					
Committee Name (required): first or last name & office)	SAMAIRE	FOR	MAYOR						
Candidate Information:	Candidate's Name (required): SAMPIRE ARM STRONG Candidate's mailing address (required): 315 FOOTHILLS S DR Candidate's email address (required): Samaire@mac.com Candidate's phone number (required): 310 801 813 8								
						Candidate's website (if a	ny): <u>5A N</u>	1AIRE FO	RMAYOR. COM
					Office Sought (choose one):	□ County Office: □ District (if applicable): □			
City/Town Office: SEDONA MAYOR District (if applicable):									
School Board Office: District (if applicable):									
☐ Special District Board:			District (if applicable):						
Election Cycle for Office Soug									
Party Affiliation: required for partisan offices)	☐ Democrat ☐ Green			publican					
Political Action Committee Name (required): f sponsored, must include	, ,								
sponsor's name)	E US	33							
Political Function (optional):			•	ent Expenditures					
select any that apply)	☐ Ballot Measure Expend	litures	☐ Recall Exper	nditurės					
Sponsorship Information:	Sponsor's name or nickna	ame (required	0:						
if applicable)	Sponsor's mailing address (required):								
	Sponsor's email address (required):								
	Sponsor's website (if any):							
pecial Status	☐ Separate Segregated I	Fund of a Com	poration, LLC, Pa	ntnership, or Union					
if applicable)	. 22			anding committee registration)					
	☐ Mega PAC (must provi	de proof of M	ega PAC status to	o filing officer) (amended applications only)					
☐ Political Party									
Committee Name (required): must include party affiliation)		-		7.4.4					
lurisdiction:	■ State Party (must incluse)	ide proof of a	ualification nursus	ant to A.R.S. § 16-801 or § 16-804)					
bullisticity.	☐ 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 (mi	ust include pro	oof of qualification	pursuant to A.R.S. § 16-802 or § 16-804)	
	Special Status	■ Standing Committee (r	must also com	nplete separate st	anding committee registration)				





COMMITTEE ID NUMBER (Office dise only)
M 2022-04

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 315 FOOTHILLS S DR Committee's email address (required): 2FOONA A2 86336
	Committee's phone number (f any): 310 801 8138
	Committee's website (if any): SAMA IRE FOR MAYOR - COM
Chairperson's Information:	Chairperson's name (required); SAMAIRF ARM STRONG. Chairperson's physical address (required); 315 FOOTHIIIS R, SEDONA 72 86374
and the field	Chairperson's physical address (required): Chairperson's mailing address (if different);
	Chairperson's email address (required): Samaire @mac.com
	Chairperson's phone number (required): 310 gol 8/38
	Chairperson's employer (required): SELF
	Chairperson's occupation (required): Stu-F
Trassurer's Information: (Treasurer's name (required): DEB MVERS
	Treasurer's physical address (required): 230 S MAIN ST, GOTTOWNOOD, 8632.
"特别的特别"	Treasurer's mailing address (if different); Treasurer's email address (regulard): DEBOSTERLINGFISHER-TAX.
	Treasurer's phone number (required): 928634 9524
	Tressurer's employer (required): STFRLING ACCOUNTING TAT
Bank or Financial Institution:	Bank name (required): BMO HARQUS
(db not fist 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 it: (1) consent to serve as chairperson on treasurer of the committee trained herein, if applicable; (2) designate the above-named committee as my official candidate committee and surhorize it to receive/make contributions/expanditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Artzona election (av. Including campaign finance laws codified at A.R.S. 9§ 161901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the small address (es)/provided herein.

Chairperson's signature

Data: 3/11/2022

Treasurer's signature;

Date: 3-14/2022

Candidate's signature (if applicable):

Date: 3/14/20