



STATE OF ARIZONA COMMITTEE STATEMED ECEIVE **OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

NUV 3 0 2022

COMMITTEE INFORMATION:

Treasurer's signature:

Candidate's signature (if applicable):

CITY OF SEDONA CITY CLERK'S OFFICE

Contact Information:	Committee's mailing address (required): 40 Runch Rd. Sedono AZ 86336
	Committee's website (if any):
Chairperson's Information;	Chairperson's name (required):
	Chairperson's physical address (required): 40 Ruch Rd, Sedona, AZ 8631
	Chairperson's mailing address (if different):
	Chairperson's email address (required) Pote. Turn a sedona Peter com
	Chairperson's phone number (required): 923-224-9150
	Chairperson's employer (required): NOOS
	Chairperson's occupation (required):
Treasurer's Information	Treasurer's name (required): Peter Former
	Treasurer's physical address (required): 40 Royah Rd., Sedona AZ 86536
	Treasurer's mailing address (if different):
	Treasurer's email address (required): Pete From & School Pate, Com
	Treasurer's phone number (required): 928 - 224 - 9150
	Treasurer's employer (required): 0000
	Treasurer's occupation (required): Remod
Bank or Financial Institution:	
(do not list acct numbers)	Additional bank name (if applicable):
,	Additional bank name (if applicable):
ATION AND SIGNATURES:	