



COMMITTEE ID NUMBER (office use only)

m 202,2-01

COMMITTEE TYPE (choose one):

Committee Name (required): first or last name & office)	Scott Au Mazor
inst or last flame & onice)	9 11 11,
Candidate Information:	Candidate's Name (required):
	Candidate's mailing address (required):
	Candidate's email address (required):
	Candidate's phone number (required): 928.239.1726
	Candidate's website (if any):
Office Sought (choose one):	☐ County Office: ☐District (if applicable):
	City/Town Office: District (if applicable):
	School Board Office: District (if applicable):
	Special District Board: District (if applicable):
Florida a Octobra for Office O	0.01
=iection Cycle for Office Sou	ght (year the election will take place) (required):
Party Affiliation: required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
☐ Political Action Comr Committee Name (required): if sponsored, must include	
ponsor's name)	
	Contributions Condidate Related Independent Conceditures
Political Function (optional)	☐ Contributions ☐ Candidate-Related Independent Expenditures
Political Function (optional)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
Political Function (optional): select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures
Political Function (optional): select any that apply) Sponsorship Information:	
Political Function (optional): select any that apply) Sponsorship Information:	☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required):
Political Function (optional): select any that apply) Sponsorship Information:	☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required):
Political Function (optional): select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Political Function (optional): select any that apply) 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):
Political Function (optional): select any that apply) Sponsorship Information: if applicable) Special Status	□ Ballot Measure Expenditures □ Recall Expenditures 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): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures 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): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
Political Function (optional): select any that apply) Sponsorship Information: if applicable) Special Status	□ Ballot Measure Expenditures □ Recall Expenditures 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): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
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Political Function (optional): select any that apply) Sponsorship Information: if applicable) Special Status if applicable) Political Party Committee Name (required):	□ Ballot Measure Expenditures □ Recall Expenditures 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): □ 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 Function (optional): select any that apply) Sponsorship Information: if applicable) Special Status if applicable) Political Party Committee Name (required): (must include party affiliation)	□ Ballot Measure Expenditures □ Recall Expenditures 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): □ 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)
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Political Function (optional): select any that apply) Sponsorship Information: if applicable) Special Status if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures 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): □ 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) □ 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)





Committee's mailing address (required):

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION RECEIVED

COMMITTEE ID NUMBER (office use only)

N 2022-0

COMMITTEE INFORMATION:

Contact Information:

NOV 0 8 2023

CITY OF SEDONA CITY CLERK'S OFFICE

	Committee's email address (required):
Chairperson's Information.	Committee's phone number (if any)
	Committee's website (if any): Re Eliza CAT Vley or - Ca
	Chairperson's name (required):
	Chairperson's physical address (required): 258 for well to the control of the con
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required):
	Chairperson's occupation (required):
Treasurer's Information:	Chairperson's occupation (required): Treasurer's name (required):
	Treasurer's physical address (required): 150 Melantek Dr Selan
	Treasurer's mailing address (if different):
	Treasurer's email address (required):
	Treasurer's phone number (required): 928 + 282 - 4019
	Treasurer's employer (required):
	Treasurer's occupation (required):
Bank or Financial Institution: (do not list acct numbers)	Treasurer's occupation (required): Bank name (required):
	Additional bank name (if applicable):
	Additional bank name (if applicable):
(do not list acct numbers)	
(do not list acct numbers) TION AND SIGNATURES:	Additional bank name (if applicable):
(do not list acct numbers) TION AND SIGNATURES: I declare under penalty of pe chairperson or treasurer of the	Additional bank name (if applicable):
(do not list acct numbers) ATION AND SIGNATURES: I declare under penalty of pe chairperson or treasurer of the committee and authorize it to campaign finance and report	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as ne committee named herein, if applicable; (2) designate the above-named committee as my official candidate or receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ing duide: (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.
(do not list acct numbers) ATION AND SIGNATURES: I declare under penalty of pe chairperson or treasurer of the committee and authorize it to campaign finance and report §§ 16-901 to 16-938; and (5)	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as the committee named herein, if applicable; (2) designate the above-named committee as my official candidate to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ing glaide; (4) agree to compty with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email
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