

COMMITTEE ID NUMBER (office use only)

RECEIVED

COMMITTEE TYPE (choose one):

Candidate	
Committee Name (required):	CITY OF SEDOI
(first or last name & office)	GITY CLERK'S OF
Candidate Information:	Candidate's Name (required):
	Candidate's mailing address (required): 258 Faces 0
	Candidate's email address (required):
	Candidate's phone number (required): 918.139 - 1720
	Candidate's website (if any):
Office Sought (choose one):	County Office: District (if applicable):
- '	City/Town Office: Selan Monga District (if applicable):
	☐ School Board Office: ☐ District (if applicable):
	☐ Special District Board: ☐ ☐ ☐ District (if applicable):
laction Cuala for Office Sou	A = A /
	ght (year the election will take place) (required):
arty Affiliation: equired for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
ponsor's name) colitical Function (optional): select any that apply) ponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required):
і арріісаціє <i>)</i>	Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's email address (required):
аррисаоте)	Sponsor's email address (required):
арріпсасне)	Sponsor's email address (required):
· · · · ·	Sponsor's email address (required):
pecial Status	Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): D Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration)
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pecial Status applicable) Political Party committee Name (required):	Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (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)
f applicable) Special Status f applicable) Political Party Committee Name (required): must include party affiliation) furisdiction:	Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (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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pecial Status [applicable] Political Party Committee Name (required): must include party affiliation)	Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's website (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) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
pecial Status f applicable) Political Party Committee Name (required): must include party affiliation)	Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's website (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)

Initial Application
Amended Application
Date: 4-2-24



COMMITTEE ID NUMBER (office use only)

M2022-01

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):
	Committee's email address (required): Show & Guly . Ca
	Committee's phone number (if any):
	Committee's website (if any): Reallert Scott Wayer, Ca
Chairperson's Information:	Chairperson's name (required):
	Chairperson's physical address (required):
	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:	Treasurer's name (required):
	Treasurer's physical address (required): 150 Weslaulent Dr Selan
	Treasurer's mailing address (if different):
	Treasurer's email address (required): \(\square \text{Molaus (Giller). Co}
	Treasurer's phone number (required): 925-282-4019
	Treasurer's employer (required):
	Treasurer's occupation (required):
Bank or Financial Institution:	Bank name (required):
(do not list acct numbers)	Additional bank name (if applicable):
	Additional pank name (ii applicable).

DECLARATION AND SIGNATURES:

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	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: Date: 4-1-24	
	Treasurer's signature: Date: April 2, 2024	
	Candidate's signature (if applicable): Date: 4-1-24	_/