

Initial Application  
 Amended Application  
 Date: Oct 8, 2024



STATE  
OF  
ARIZONA

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OCT 08 2024

CITY OF SEDONA  
CITY CLERK'S OFFICE

COMMITTEE ID NUMBER  
(office use only)  
C-2020-02

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information: Candidate's Name (required): Kathy Kinseella  
 Candidate's mailing address (required): 1408 Vista Montana Rd  
 Candidate's email address (required): KathyKinseella@gmail.com  
 Candidate's phone number (required): 917 846 3827  
 Candidate's website (if any): vote4Sedona.com

Office Sought (choose one):  Governor  Secretary of State  Attorney General  State Treasurer  
 Superintendent of Public Instruction  State Mine Inspector  Corporation Commissioner  
 State Senate  State House of Representatives  District (required): \_\_\_\_\_  
 County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_  
 City/Town Office: City Councilor Sedona  District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2024

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

Political Action Committee (PAC)

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

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

Sponsorship Information: Sponsor's name or nickname (required): \_\_\_\_\_  
(if applicable) 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 ID NUMBER  
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COMMITTEE INFORMATION:

**Contact Information:**  
Committee's mailing address (required): 1408 Vista Montana Rd  
Committee's email address (required): KathyKinsedona@gmail.com  
Committee's phone number (if any): 917 846 3827  
Committee's website (if any): Vote 4 Sedona.com

**Chairperson's Information:**  
Chairperson's name (required): Kathy Kinsella  
Chairperson's physical address (required): 40 Arroyo Seco Dr. Sedona AZ  
Chairperson's mailing address (if different): 1408 Vista Montana Rd Sedona AZ  
Chairperson's email address (required): KathyKinsedona@gmail.com 86336  
Chairperson's phone number (required): 917 846 3827  
Chairperson's employer (required): City of Sedona  
Chairperson's occupation (required): City Councilor

**Treasurer's Information:**  
Treasurer's name (required): Kathy Kinsella  
Treasurer's physical address (required): 40 Arroyo Seco Dr., Sedona AZ  
Treasurer's mailing address (if different): 1408 Vista Montana Rd Sedona AZ  
Treasurer's email address (required): KathyKinsedona@gmail.com 86336  
Treasurer's phone number (required): 917 846 3827  
Treasurer's employer (required): City of Sedona  
Treasurer's occupation (required): City Councilor

**Bank or Financial Institution:**  
(do not list acct numbers) Bank name (required): One AZ  
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: [Signature] Date: 10/8/24

Treasurer's signature: [Signature] Date: 10/8/24

Candidate's signature (if applicable): [Signature] Date: 10/8/24