



COMMITTEE ID NUMBER (office use only)
PC 2018-02

COMMITTEE TYPE (choose one):

Committee Name (required):		
(first or last name & office)	Candidate's Name (required):	MALE OF
Candidate Information:	Candidate's Name (required):	
	Candidate's mailing address (required):	4.70 M
	Candidate's email address (required):	18
	Candidate's phone number (required):	Į.
	Candidate's website (if any):	Į
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: ☐ District (if applicable):	
Election Cycle for Office Sou	ght (year the election will take place) (required):	
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:	
Committee Name (required):	Fix Dur Roads	
Committee Name (required): (if sponsored, must include sponsor's name)	Fix Dun Roads	
sponsor's name) Political Function (optional):	Contributions	
sponsor's name) Political Function (optional): (select any that apply)	Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures	
	© Contributions ☐ Candidate-Related Independent Expenditures	
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	Contributions	
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sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Delitical Party Committee Name (required)	Contributions	
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Description Political Party Committee Name (required) (must include party affiliation	Marcontributions ☐ Candidate-Related Independent Expenditures Recall 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)	
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Description Political Party Committee Name (required) (must include party affiliation	Mallot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's email address (required): 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)	
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required) (must include party affiliation	Mallot 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)	





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COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): 7/59 E. 34 (n Yame 855) Committee's email address (required): Fix Our Roads Yu MAQ GMAIL.COM
		Committee's phone number (if any): 728 257 5217
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): 10/en 6n/F-In
	'	Chairperson's physical address (required): 7159 8 344 Cn Yung 853
		Chairperson's mailing address (if different):
		Chairperson's email address (required): DO+@ Ori FFin ranches, Com
		Chairperson's phone number (required): 928 297 5217
		Chairperson's employer (required): Letired
		Chairperson's occupation (required): N/A
	Treasurer's Information:	Treasurer's name (required): SEFRIW POLSTON
		Treasurer's physical address (required): 7159 & 24th LANE
		Treasurer's mailing address (if different): SAME
		Treasurer's email address (required): TELLLY POLSTON CPA @ 6MAXL Com
		Treasurer's phone number (required): (978) 210 - 6975
		Treasurer's employer (required): MISGNAZMAL, AIVAZIAN FTENNANT PZ
		Treasurer's occupation (required): CERT2/20 PUBLEC ALLOUNTRIA
	Bank or Financial Institution:	Bank name (required): 151 BANK YUMA
	(do not list acct numbers)	Additional bank name (ifapplicable):
_		Additional bank name (if applicable):
ΑТ	TION AND SIGNATURES:	
/	I declare under penalty of ne	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
	chairperson or treasurer of th	e committee named herein, if applicable; (2) designate the above-named committee as my official candidate
		receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ing 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) address(es) provided herein.	agree to accept all notifications and legal service of process for campaign finance purposes via the email
	address(es) provided fierein.	5
	Chairperson's signature:	Date: 122/2018
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	Treasurer's signature:	1112 B (15/5)
	Treasurer's signature.	5410 7