



COMMITTEE ID NUMBER (office use only)

PC2017-04

COMMITTEE TYPE (choose one):

(first or last name & office)	hristing For City Council
Candidate Information:	Candidate's Name (required): Kristina McNair
	Candidate's mailing address (required): 2202 W. 13th Lane Numa, A7 8534
ı	Candidate's email address (required): Kvistma. mondir e amailcom
	Candidate's phone number (required): (4728) 261-3982
	Candidate's website (if any):
	 ☐ Governor ☐ Secretary of State ☐ Attorney General ☐ State Treasurer ☐ Superintendent of Public Instruction ☐ State Mine Inspector ☐ Corporation Commissione
	☐ Outpermittendent of Fubilic instruction ☐ Otate Millie inspector ☐ Corporation Commissione
1	☐ State Senate ☐ State House of Representatives ☐ District (required):
ı	☐ County Office: ☐ District (if applicable):
	City/Town Office: C 1+7 Cancil District (if applicable):
	ht (year the election will take place) (required): 2017
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
☐ Political Action Commi	ittee (PAC)
	<u> </u>
(if sponsored, must include sponsor's name)	
sponsor's name)	□ Contributions □ Candidate-Related Independent Expenditures
sponsor's name) Political Function (optional):	□ Contributions □ Candidate-Related Independent Expenditures □ Recall Expenditures
sponsor's name) Political Function (optional): (select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required):
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sponsor's name) 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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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)	□ 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)
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)	□ 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)
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)	□ 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)

☐ Initial Application	
Amended Application	•
Date:	



COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): 2202 W. 13th Lune Yung, AZ 8532
		Committee's email address (required): Kristing. mengir equail. com
		Committee's phone number (if any):
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): Kristina Makar
	Chairperson's physical address (required): 2707 W. 13th Ln Numa, AZ 85364	
		Chairperson's mailing address (if different):
		Chairperson's email address (required): Kristina. mknair egmail.com
		Chairperson's phone number (required): (928) 261-3982
		Chairperson's employer (required): <u>Voma Regional Medical Conter</u>
		Chairperson's occupation (required): Revenue Cycle Apps. Manager
	Treasurer's Information:	Treasurer's name (required): <u>Joed McNair</u>
		Treasurer's physical address (required): 2207 W. 13th Ln Yung, AZ 85364
		Treasurer's mailing address (if different):
		Treasurer's email address (required): 10el. monaire yano.com
		Treasurer's phone number (required): (923) 257 - 8085
		Treasurer's employer (required): P.A.C.
		Treasurer's occupation (required): Arrayat Hearing
	Bank or Financial Institution:	Bank name (required): Navy Federal Credit Union
\	(do not list acct numbers)	Additional bank name (ifapplicable):
		Additional bank name (if applicable):
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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.

Date: 5/29/17

Treasurer's signature:

Chairperson's signature

Date: 5/79/17

Candidate's signature (if applicable):

Date: ~ 12911

PECEIVED
THAY 31 PM 1: 10
CITY OF YUMA

Arizona Secretary of State Revision 11/5/16