Initial Application

☐ Amended Application

Date: 5-31-17



COMMITTEE ID NUMBER (office use only)

PC2017-D2

COMMITTEE TYPE (choose one):

<i>t</i>	Karen Watts for Yuma City Council
Committee Name (required): first or last name & office)	
Candidate Information:	Candidate's Name (required): Karen Watts
	Candidate's mailing address (required): 340 W 32nd ST #378 85364
	Candidate's email address (required): Kwatts 233 Paol. com
	Candidate's phone number (required): 9283290618
	Candidate's website (if any):
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 Council District (if applicable):
	, , , , , , , , , , , , , , , , , , ,
Election Cycle for Oπice Soug	tht (year the election will take place) (required):
Party Affiliation:	□ Democrat □ Green □ Libertarian □ Republican □ Other:
(required for partisan offices)	
(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures
Sponsorship Information:	Sponsor's name or nickname (required):
Sponsorship Information: (if applicable)	Sponsor's name or nickname (required):
Sponsorship Information: (if applicable)	Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):
· ·	Sponsor's mailing address (required):
	Sponsor's mailing address (required):
(if applicable)	Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any):
(if applicable) Special Status	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
(if applicable)	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)
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(if applicable) Special Status (if applicable) Political Party	Sponsor's mailing address (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)
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(if applicable) Special Status (if applicable) Political Party Committee Name (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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(if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	Sponsor's mailing address (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) 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)

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Date:



COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

	34N 11122nd (T#270 812)
Contact Information:	Committee's mailing address (required):
	Committee's email address (required): Kwatts 4cc @gmail.com
	Committee's phone number (if any): 428 580 3769
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): Dante Mitchell
	Chairperson's physical address (required): 5221 £ 37 th \$ 7 85365
	Chairperson's mailing address (if different):
	Chairperson's email address (required): htcdante 13@gmail-com
	Chairperson's phone number (required): 928 580 3769
	Chairperson's employer (required):ASU
	Chairperson's occupation (required): Instructional Aide
Treasurer's Information:	Treasurer's name (required): Michele Hunter
	Treasurer's physical address (required): 522/ E 37m ST 85365
	Treasurer's mailing address (if different): hunters 0927@mail.com
	Treasurer's email address (required): Charely with the first file.
	Treasurer's phone number (required): 428 503 6655
	Treasurer's employer (required): Karen Watts NP PLC
	Treasurer's occupation (required): Billing Administrator
Bank or Financial Institution:	Bank name (required): National Bank of Arizona
(do not list acct numbers)	Additional bank name (ifapplicable):
	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.

addices(se) promesu nerem.

Chairperson's signature:

- Wichola L

Date: 5/201/

Treasurer's signature: /////NULL / HUMAN

Date: 5/20/1/

Candidate's signature (if applicable):

Date: 5.31.17

CITY OF YUMA

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OFFICE OF THE CITY CLER

Arizona Secretary of State Revision 11/5/16