Initial Application
Amended Application
Date: 19.19.27



COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):

Committee Name (required):	Committee to elect Carol Smith	
(first or last name & office)		-
Candidate Information:	Candidate's Name (required): Carol Smith	_
	Candidate's mailing address (required): 1950 S. 9th Ave Yvma 8530	24
	Candidate's email address (required): Smrth carolelizabeth agmad.com	_
	Candidate's phone number (required): 928 503 6623	_
	Candidate's website (if any):	
Office Sought (choose one):	□ County Office: □District (if applicable): □	25
- , ,	© City/Town Office: C₁+y Councy □District (if applicable):	2
	□ School Board Office: □ District (if applicable):	Z
	☐ Special District Board: ☐ ☐ District (if applicable):	ယ
Election Cycle for Office Sou	ight (year the election will take place) (required): 2022	_
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other: □	ှ ယ ယ
if sponsored, must include		_
•	□ Contributions □ Candidate-Related Independent Expenditures	
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures	
Political Function (optional): select any that apply)	□ Ballot Measure Expenditures □ Recall Expenditures	
Political Function (optional): (select any that apply) Sponsorship Information:	,	-
Political Function (optional): (select any that apply) Sponsorship Information:	☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required):	_
Political Function (optional): select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □	-
Political Function (optional): select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □	-
Political Function (optional): (select any that apply) Sponsorship Information: (if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):	-
Political Function (optional): select any that apply) Sponsorship Information: if applicable) Special Status	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):	-
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status if applicable)	□ 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	-
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 □ Standing Committee (must also complete separate standing committee registration)	-
Political Function (optional): select any that apply) Sponsorship Information: if applicable) Special Status if applicable) Political Party Committee Name (required):	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):	-
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):	-
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):	-
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):	-
Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):	-

Initial Application
Amended Application
Date: 6.13.22



COMMITTEE ID NUMBER
(office use only)
PC 2022-04

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 1950 S. 9th Aue Yuma 89369
	Committee's email address (required): 5mthcarole/12abeth@gmail.com
	Committee's phone number (if any): 928 603 6623
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): Regina Twomey
	Chairperson's physical address (required): 1960 W. 155 St. Mulh 853
	Chairperson's mailing address (if different):
	Chairperson's email address (required): Plankaul 1979 (mal company)
	Chairperson's phone number (required): 9282463841
	Chairperson's employer (required):
	Chairperson's occupation (required): <u>rwd.ic</u> Affairs Manaser
Treasurer's Information:	Treasurer's name (required): Samantha Anza
	Treasurer's physical address (required): 3639 W. 37th St.
	Treasurer's mailing address (if different):
	Treasurer's email address (required): Samauza Ogmail Com
	Treasurer's phone number (required): 928 3049003
	Treasurer's employer (required): <u>Crane School</u> District
	Treasurer's occupation (required): Swbstitute Teacher
Bank or Financial Institution:	Bank name (required): AFA Federal Credit Union
(do not list acct numbers)	Additional bank name (if applicable):
,	Additional bank name (if applicable):

DECLARATION AND SIGNATURES:

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	I declare under penalty of perjury that the foregoing information is true and correct chairperson or treasurer of the committee named herein, if applicable; (2) designate committee and authorize it to receive/make contributions/expenditures on my beh campaign finance and reporting guide; (4) agree to comply with Arizona election is	ite the above-named committee as my official candidat alf, if applicable; (3) have read the Secretary of State's				
1	§\$ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email					
١	address(es) provided herein.					
	Chairperson's signature:	Date: 6.13.22				
	Treasurer's signature:	Date: 6 13 22				
	Candidate's signature (if applicable):	Date: 6-/0-22				