Initial Application

Amended Application

Date: 4/19/2022



COMMITTEE ID NUMBER (office use only)
PC2022-D6

COMMITTEE TYPE (choose one):

2822 OCT 12 PM 4: 20

0 (Candidate	OFFICE OF	Y OF YUMA F THE CITY CLERK
	ttee Name (required): last name & office)	Committee To Elect Edward C. Thomas for Yuma	City Council 2022
Candid	ate Information:	Candidate's Name (required): Edward C. Thomas	
· ·	ate miorination.	Candidate's mailing address (required): 2352 S. 45th Dr., Yuma, AZ 85364	
		Candidate's email address (required): justsaxn@icloud	
		Candidate's phone number (required): 928-210-7569	
		Candidate's website (if any): N/A	
Office S	Sought (choose one):	County Office:	ct (if applicable):
		■ City/Town Office: City Council □ District	ct (if applicable):
		□ School Board Office: □ □ Dist	rict (if applicable):
		☐ Special District Board: ☐ Di	
Election	n Cycle for Office Sou	ght (year the election will take place) (required):	
	offiliation: and for partisan offices)		oublican
	Political Action Com	wittee (PAC)	
		inter (i Ao)	
(if spon			· · · · · · · · · · · · · · · · · · ·
(if spon sponso	ttee Name (required): sored, must include r's name)		ant Evanaditurae
(if spon sponso <i>Politica</i>	ttee Name (required): isored, must include r's name) Il Function (optional):	☐ Contributions ☐ Candidate-Related Independe	•
(if spon sponso <i>Politica</i>	ttee Name (required): sored, must include r's name)		•
(if spon sponso <i>Politica</i> (select	ttee Name (required): isored, must include r's name) Il Function (optional):	☐ Contributions ☐ Candidate-Related Independe ☐ Ballot Measure Expenditures ☐ Recall Expen	ditures
(if spon sponso <i>Politica</i> (select	ttee Name (required): isored, must include r's name) if Function (optional): any that apply) orship Information:	☐ Contributions ☐ Candidate-Related Independe ☐ Ballot Measure Expenditures ☐ Recall Expen Sponsor's name or nickname (required):	ditures
(if spon sponso <i>Politica</i> (select	ttee Name (required): isored, must include r's name) if Function (optional): any that apply) orship Information:	☐ Contributions ☐ Candidate-Related Independe ☐ Ballot Measure Expenditures ☐ Recall Expen	ditures
(if spon sponso <i>Politica</i> (select	ttee Name (required): isored, must include r's name) if Function (optional): any that apply) orship Information:	☐ Contributions ☐ Candidate-Related Independe ☐ Ballot Measure Expenditures ☐ Recall Expen Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):	ditures
(if spon sponso <i>Politica</i> (select	ttee Name (required): isored, must include r's name) if Function (optional): any that apply) orship Information:	☐ Contributions ☐ Candidate-Related Independe ☐ Ballot Measure Expenditures ☐ Recall Expen Sponsor's name or nickname (required): Sponsor's mailing address (required):	ditures
(if spon sponso <i>Politica</i> (select <i>Sponso</i> (if appli	ttee Name (required): isored, must include r's name) if Function (optional): any that apply) orship Information: icable)	☐ Contributions ☐ Candidate-Related Independed ☐ Ballot Measure Expenditures ☐ Recall E	ditures
(if sponso sponso Politica (select Sponso (if appli	ttee Name (required): isored, must include r's name) if Function (optional): any that apply) orship Information: cable)	□ Contributions □ Candidate-Related Independe □ Ballot Measure Expenditures □ Recall Expen 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, Pa	ditures thership, or Union
(if sponsoponsoponsoponsoponsoponsoponsopon	ttee Name (required): isored, must include r's name) if Function (optional): any that apply) orship Information: cable)	☐ Contributions ☐ Candidate-Related Independed ☐ Ballot Measure Expenditures ☐ Recall E	rtnership, or Union anding committee registration)
(if spon sponso Politica (select Sponso (if appli	ttee Name (required): isored, must include r's name) if Function (optional): any that apply) orship Information: cable)	□ Contributions □ Candidate-Related Independe □ Ballot Measure Expenditures □ Recall Expen 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, Pa □ Standing Committee (must also complete separate sta	rtnership, or Union anding committee registration)
(if sponsoponsoponsoponsoponsoponsoponsopon	ttee Name (required): isored, must include r's name) if Function (optional): any that apply) orship Information: cable)	□ Contributions □ Candidate-Related Independe □ Ballot Measure Expenditures □ Recall Expen 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, Pa □ Standing Committee (must also complete separate sta	rtnership, or Union anding committee registration)
(if sponsonsonsonsonsonsonsonsonsonsonsonsonso	ttee Name (required): isored, must include r's name) if Function (optional): any that apply) orship Information: icable) if Status cable)	□ Contributions □ Candidate-Related Independe □ Ballot Measure Expenditures □ Recall Expendence 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, Pate Standing Committee (must also complete separate state □ Mega PAC (must provide proof of Mega PAC status to	rtnership, or Union anding committee registration)
(if sponsonsonsonsonsonsonsonsonsonsonsonsonso	ttee Name (required): isored, must include r's name) If Function (optional): any that apply) orship Information: icable) I Status cable) Political Party ittee Name (required): include party affiliation	□ Contributions □ Candidate-Related Independe □ Ballot Measure Expenditures □ Recall Expendence 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, Pate Standing Committee (must also complete separate state □ Mega PAC (must provide proof of Mega PAC status to	rtnership, or Union anding committee registration) ofiling officer) (amended applications only)
(if sponsonsonsonsonsonsonsonsonsonsonsonsonso	ttee Name (required): isored, must include r's name) If Function (optional): any that apply) orship Information: icable) I Status cable) Political Party ittee Name (required): include party affiliation	□ Contributions □ Candidate-Related Independe □ Ballot Measure Expenditures □ Recall Expendence 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, Pate □ Standing Committee (must also complete separate state □ Mega PAC (must provide proof of Mega PAC status to provide proof of Mega PAC s	nt to A.R.S. § 16-801 or § 16-804)
(if sponsonsonsonsonsonsonsonsonsonsonsonsonso	ttee Name (required): isored, must include r's name) If Function (optional): any that apply) orship Information: icable) I Status cable) Political Party ittee Name (required): include party affiliation	□ Contributions □ Candidate-Related Independe □ Ballot Measure Expenditures □ Recall Expen 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, Pai □ Standing Committee (must also complete separate state) □ Mega PAC (must provide proof of Mega PAC status to State Party (must include proof of qualification pursual □ County Party (must include proof of qualification pursual □ Legislative District Party (must include proof of organic	nt to A.R.S. § 16-801 or § 16-804) uant to A.R.S. § 16-802 or § 16-804) zation pursuant to A.R.S. § 16-823)
(if sponsonsonsonsonsonsonsonsonsonsonsonsonso	ttee Name (required): isored, must include r's name) If Function (optional): any that apply) orship Information: icable) I Status cable) Political Party ittee Name (required): include party affiliation	□ Contributions □ Candidate-Related Independe □ Ballot Measure Expenditures □ Recall Expen Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □ Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Pal □ Standing Committee (must also complete separate stal □ Mega PAC (must provide proof of Mega PAC status to State Party (must include proof of qualification pursual □ County Party (must include proof of qualification pursual	nt to A.R.S. § 16-801 or § 16-804) uant to A.R.S. § 16-802 or § 16-804) zation pursuant to A.R.S. § 16-823)

☑ Initial Application
☐ Amended Application
Date: 4/19/2022



COMMITTEE ID NUMBER
(office use only)

CODD—06

COMMITTEE INFORMATION:

address(es) provided herein.

Chairperson's signature:

Treasurer's signature: _

Candidate's signature (if applicable):

2027 DET 12 PH 1: 20

A2207 10 1110 040 10 779 201 20 2015

Committee's email address (required): justsaxn@icloud.com Committee's phone number (if any): 928-210-7569
Committee's phone number (if any): 928-210-7569
N/A
Committee's website (if any): N/A
Chairperson's name (required): Edward C. Thomas
Chairperson's physical address (required): 2352 S. 45th Dr., Yuma, AZ 85364
Chairperson's mailing address (if different):
Chairperson's email address (required): justsaxn@icloud.com
Chairperson's phone number (required): 928-210-7569
Chairperson's employer (required). Federal Gov't Agency
Chairperson's occupation (required): MISSION Support Specialist
Treasurer's name (required). Imelda Thomas
Treasurer's physical address (required): 2352 S. 45th Dr., Yuma, AZ 85364
Treasurer's mailing address (if different):
Treasurer's email address (required): justsaxn@icloud.com
Treasurer's phone number (required): 928-210-5281
Treasurer's employer (required): YUMA HARM & HOME SUPPLY
Treasurer's occupation (required): Account Receivers Manager
Bank name (required): Navy Federal
Additional bank name (if applicable):
Additional bank name (if applicable):

§§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email

Date: 4/19/2022 /0/12/2022 Ext

Date: 4/19/2022 /0/12/2022 Ext

Compared Date: 4/19/2022 /0/12/2022 Ext