



COMMITTEE ID NUMBER (office use only)

A P C Z D Z 3 - 02

A P C Z D Z 3 - 02 PC2023-02

COI

		RCU'D 29
Committee Name (required	d):	2
first or last name & office))	
Candidate Information:	Candidate's Name (required):	
	Candidate's mailing address (required):	·
	Candidate's email address (required):	
	Candidate's phone number (required):	
	Candidate's website (if any):	
Office Sought (choose one):	e): County Office: District (if applicable):	
	□City/Town Office: □□District (if applicable): □□City/Town Office: □□District (if applicable): □□District (if app	
	☐ School Board Office: ☐ District (if applicable):	
	☐ Special District Board: ☐ ☐ District (if applicable):	
Election Cycle for Office So	Sought (year the election will take place) (required):	
Party Affiliation: required for partisan office	□ Democrat □ Green □ Libertarian □ Republican □ Other:	
if sponsored, must include sponsor's name)	d): Yuma County Tea Party	
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Bolitical Eurotion (optional)	I): D Contributions Mandidate-Related Independent Expenditures	•
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☐ Ar	mended Application
Date:	



COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 477776 Coming King
	Committee's email address (required): Yunaconotyteafartagma
	Committee's phone number (if any): 928-216-45 12
	Committee's website (if any): N A
Chairperson's Information:	Chairperson's name (required): CACL KIZER
	Chairperson's physical address (required): 17.3.5-W. Caml Ad King
	Chairperson's mailing address (if different):
	Chairperson's email address (required): Carl Kizer 43 @gm@k.Com
	Chairperson's phone number (required): 928-210-4212
	Chairperson's employer (required): 5 c / F
	Chairperson's occupation (required): RETIRED
Treasurer's Information:	Treasurer's name (required): Maryanakiz &
	Treasurer's physical address (required): 1735-W.Camina Kina
	Treasurer's mailing address (if different):
	Treasurer's email address (required): W.K1 > @ r 13+2 mm1 Com
	Treasurer's phone number (required): 928-313-1215
	Treasurer's employer (required): RCT1 RO A
	Treasurer's occupation (required):
Bank or Financial Institution:	Bank name (required): 1) y 1 5 F 6 8 G 0
(do not list acct numbers)	Additional bank name (if applicable):
_	Additional bank name (if applicable):
ON AND SIGNATURES:	
	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
committee and authorize it to	ne committee named herein, if applicable; (2) designate the above-named committee as my official candida or receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State
	ing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S agree to accept all notifications and legal service of process for campaign finance purposes via the email
address(es) provided herein.	1-112 - 11 2822
address(es) provided herein. Chairperson's signature:	Date: 11 2923
address(es) provided herein. Chairperson's signature:	
address(es) provided herein.	