



COMMITTEE ID NUMBER (office use only)

OMMITTEE TYPE (choose one):	EM+EIN	#21-15118
	The Committee to Elect Joan Dairo	110
☐ Candidate	Joan Drum - Lake Havasu City City Course	1
Committee Name (required): (first or last name & office)		
Candidate Information:	Candidate's Name (required): Joan Druno	I STALLIS
	Candidate's mailing address (required): POBOX 0393 Loke Navasu ally	112 009W
	Candidate's email address (required):	
	Candidate's phone number (required):	
	Candidate's website (if any): 780	
Office Sought (choose one):	□ County Office: □ □District (if applicable): □	
	City/Town Office: City Council District (if applicable):	
	☐ School Board Office: ☐ District (if applicable):	
	☐ Special District Board: ☐ District (if applicable):	
Floriton Cools for Office Coo	An n./	
		1
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:	
(required for partisant offices)		
□ Political Action Com	mittee (PAC)	
	militee (FAG)	
(if sponsored, must include sponsor's name)		
Political Function (optional):	□ Contributions □ Candidate-Related Independent Expenditures	
(select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures	
Sponsorship Information:	Sponsor's name or nickname (required):	
(if applicable)	Sponsor's mailing address (required):Sponsor's email address (required):	
	Sponsor's phone number (if any):	
	Sponsor's website (if any):	
	2.00.000 (3.00)	
Special Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	)
(if applicable)	☐ Standing Committee (must also complete separate standing committee registration)	nly)
	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications of	iny)
☐ Political Party		)
Committee Name (required		
(must include party affiliation		
Jurisdiction	☐ 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)	
DECEIM	City of Town Party (must include proof of qualification pursuant to A.R.S \$ 16-802 of 16-8	194)
DECELV		- MED
Special Status	□ Standing Committee (must also complete separate standing committee registration)	ended (V
(if applicable) 10 2024		2 2024
		D
CITY CLER	Asiana Secretary of State Povinier 7/20/2021	CLERK
Will Chefull	Arizona Secretary of State Revision 7/29/2021	CLLIVIN





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COMMITTEE INFORMATION:

		0 0 0 0000
	Contact Information:	Committee's mailing address (required): P.D. Box 2393 Lake Havesuckty 864
		Committee's email address (required): San4 Havagu D Smail. com
		Committee's phone number (if any):
		Committee's website (if any): 180
(	Chairperson's Information:	Chairperson's name (required):Maune   Claws
		Chairperson's physical address (required):
		Chairperson's mailing address (if different):
		Chairperson's email address (required): _
		Chairperson's phone number (required): _
		Chairperson's employer (required):
		Chairperson's occupation (required): Refired
i i	Treasurer's Information:	Treasurer's name (required): Joan Dzwo
		Treasurer's physical address (required):
		Treasurer's mailing address (if different): POBOX 2393
		Treasurer's email address (required): Joan 41+AVASU 69mail, Com
		Treasurer's phone number (required):
		Treasurer's employer (required): Kettind
-4		Treasurer's occupation (required): WHS HR EXECUTIVE
	Bank or Financial Institution: (do not list acct numbers)	Bank name (required): CUHS FAIGO TOOTH, 13 Bank
(	(do not list acct numbers)	Additional bank name (if applicable):  Additional bank name (if applicable):
	ON AND SIGNATURES:	
c c s	declare under penalty of per chairperson or treasurer of the committee and authorize it to campaign finance and reporti §§ 16-901 to 16-938; and (5) address(es) provided herein.	iury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as a committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's reg 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
c c c s a	declare under penalty of per chairperson or treasurer of the committee and authorize it to campaign finance and reporti §§ 16-901 to 16-938; and (5)	e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's again guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.
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