

Kelly Williams

From: [REDACTED]
Sent: Friday, May 29, 2020 11:07 AM
To: Kelly Williams
Subject: Moses Updated Address



Initial Application
 Amended Application
Date _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION

Contact information: Committee's mailing address (required): [REDACTED]
 Committee's email address (required): [REDACTED]
 Committee's phone number (if any): [REDACTED]
 Committee's website (if any): MOSESFORCOUNCIL.COM

Chairperson's information: Chairperson's name (required): BRIAN SPRINGER
 Chairperson's physical address (required): [REDACTED]
 Chairperson's mailing address (if different): [REDACTED]
 Chairperson's email address (required): [REDACTED]
 Chairperson's phone number (required): [REDACTED]
 Chairperson's employer (required): SPRINGER ANDREW FIN. SERVICES
 Chairperson's occupation (required): FINANCIAL ADVISOR

Treasurer's information: Treasurer's name (required): WENDY MOORE
 Treasurer's physical address (required): [REDACTED]
 Treasurer's mailing address (if different): [REDACTED]
 Treasurer's email address (required): [REDACTED]
 Treasurer's phone number (required): [REDACTED]
 Treasurer's employer (required): SELF
 Treasurer's occupation (required): BOOK KEEPER

Bank or Financial Institution (do not list acct numbers): Bank name (required): HORIZON COMMUNITY BANK
 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.

Chairperson's signature: [REDACTED] Date: _____
 Treasurer's signature: [REDACTED] Date: 5-29-20
 Candidate's signature (if applicable): [REDACTED] Date: 5/25/20

OSOS 83 YAM
CITY CLERK

Initial Application
 Amended Application
Date _____



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): MOSES FOR COUNCIL
(first or last name & office)

Candidate Information

Candidate's Name (required): CAMERON MOSES

Candidate's mailing address (required): _____

Candidate's email address (required): _____

Candidate's phone number (required): _____

Candidate's website (if any): MOSESFORCOUNCIL.COM

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 Office Sought (year the election will take place) (required): _____

Party Affiliation (required for partisan offices)

Democrat Green Libertarian Republican Other _____

Political Action Committee (PAC)

Committee Name (required): _____
(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 (if applicable)

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): _____

Special Status (if applicable)

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)

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)
 City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable)

Standing Committee (must also complete separate standing committee registration)

