

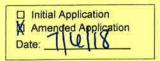


(office use only)

JUL 0 6 2018

COMMITTEE TYPE (choose one):

	CITTOLLIN
☐ Candidate	
Committee Name (required): (first or last name & office)	Committee to Sleet Michelelin
Candidate Information:	Candidate's Name (required): Michele Lin
7 67	Candidate's mailing address (required):
	Candidate's email address (required):
	Candidate's phone number (required):
	Candidate's website (if any):
Office Sought (choose one):	☐ Governor ☐ Secretary of State ☐ Attorney General ☐ State Treasurer
onice Sought (choose one).	□ 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: Ccty Cource District (if applicable):
	0
Election Cycle for Office Soug	ght (year the election will take place) (required):
Party Affiliation: required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
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):
f applicable)	Sponsor's mailing address (required):
	Sponsor's email address (required):
	Sponsor's phone number (if any):
	Sponsor's website (if any):
Special Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
	□ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
	□ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union '□ Standing Committee (must also complete separate standing committee registration)
	□ 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)
f applicable) Political Party Committee Name (required):	□ 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)
f applicable) Political Party Committee Name (required): must include party affiliation)	□ 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)
f applicable) Political Party Committee Name (required): must include party affiliation)	□ 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)
f applicable) Political Party Committee Name (required): must include party affiliation)	□ 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) □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
	□ 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) □ 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)





COMMITTEE ID NUMBER (office use only) (8 - N P - 6 (0

COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required):
		Committee's email address (required):
		Committee's phone number (if any):
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required):
	0.000	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):
	Treasurer's Information:	Treasurer's name (required):
		Treasurer's physical address (required):
		Treasurer's mailing address (if different):
		Treasurer's email address (required):
		Treasurer's phone number (required):
		Treasurer's employer (required):
		Treasurer's occupation (required):
	Bank or Financial Institution:	Bank name (required): First Savings
	(do not list acct numbers)	Additional bank name (ifapplicable):
1		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: Date:
Treasurer's signature:
Candidate's signature (if applicable):