



COMMITTEE ID NUMBER (office use only)

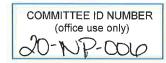
20-NP-006

COM

| TYPE (choose one):  | CITY CLEDY  |  |
|---|---|--|
| ☐ Candidate   | CITY CLERK  |  |
| Committee Name (required):<br>(first or last name & office) | MOSES FOR COUNCIL   |  |
| Candidate Information:                                      | Candidate's Name (required): CAMEIZON MOSES   |  |
|   | Candidate's mailing address (required):   |  |
|   | Candidate's email address (required):   |  |
|   | Candidate's phone number (required):  |  |
|   | Candidate's website (if any):MOSES FOIZ COUNCIL, 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):  |  |
|   | TOT City/Town Office: CITY COUNCIL   District (if applicable):  |  |
| Election Cycle for Office Soug                              | aht (year the election will take place) (required):   |  |
| Party Affiliation:  | □ Democrat □ Green □ Libertarian 【Republican □ Other:   |  |
| (required for partisan offices)                             |   |  |
| (if sponsored, must include                                 | <del></del>   |  |
| 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):   |  |
| Special Status  | ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union   |  |
| (if applicable)   | ☐ 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  | ☐ Standing Committee (must also complete separate standing committee registration)  |  |
| (if applicable)   | Comment (management)  |  |







## 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): MoSES FORCOUNCIL. Com            |
| Chairperson's Information:     | Chairperson's name (required): BRIAN SPRINGBERG                |
|                                | 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): SPRINGBER MCANDEW THANCH SV |
|                                | Chairperson's occupation (required): FINANCIAL ADVISOR         |
| Treasurer's Information:       | Treasurer's name (required); WENDY MOORE                       |
|                                | 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): ACCOUNTANT                  |
| Bank or Financial Institution: | Bank name (required): HORIZON COMMUNITY BANK                   |
| (do not list acct numbers)     | Additional bank name (ifapplicable):                           |
|                                | Additional bank name (if applicable):                          |

## **DECLARATION AND SIGNATURES:**

| I declare under penalty of perjury that the foregoing information is true and conchairperson or treasurer of the committee named herein, if applicable; (2) design committee and authorize it to receive/make contributions/expenditures on my becampaign finance and reposs 16-901 to 16-938; and (address(es) provided here | gnate the above-named committee as my official candidate |
|---|--|
| Chairperson's signature:  | Date:  |
| Treasurer's signature:  | Date: 1-8-2020   |
| Candidate's signature (if a   | Date: 1/8/2020   |

