

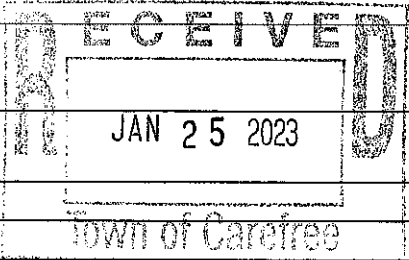
Initial Application
 Amended Application
 Date: 01/10/2023



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
PAC 2023-01

COMMITTEE TYPE (choose one):



Candidate

Committee Name (required): _____
 (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):

County Office: _____ District (if applicable): _____

City/Town Office: _____ District (if applicable): _____

School Board Office: _____ District (if applicable): _____

Special District Board: _____ 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): Carefree Improvement PAC
 (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)

Initial Application
 Amended Application
Date: 01/10/2023



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 3498, Carefree, AZ 85377
Committee's email address (required): improvecarefree@gmail.com
Committee's phone number (if any): (630) 417-6349
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): 1) William W Oelman 2) Peter Burns
Chairperson's physical address (required): 17400 E Sidewinder, Carefree, AZ 85377 2)38760 N Summit View Trail, Carefree, AZ 85377
Chairperson's mailing address (if different): 1)PO Box 726, Carefree, AZ 85377 2) PO Box 976, Carefree, AZ 85377
Chairperson's email address (required): 1)woelman@yahoo.com 2)pjburnsaz@gmail.com
Chairperson's phone number (required): (630) 417-6349
Chairperson's employer (required): 1)Retired 2)Retired
Chairperson's occupation (required): 1) Retired 2) Retired

Treasurer's Information: Treasurer's name (required): Nancy Keller
Treasurer's physical address (required): 7548 E Rising Star Circle, Carefree, AZ 85377
Treasurer's mailing address (if different): PO Box 5071, Carefree, AZ 85377
Treasurer's email address (required): nancykeller03@gmail.com
Treasurer's phone number (required): (480) 710-7530
Treasurer's employer (required): Retired
Treasurer's occupation (required): Retired

Bank or Financial Institution: Bank name (required): Chase
(do not list acct numbers) 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: [Signature] Date: 1-25-23

Treasurer's signature: [Signature] Date: 1-11-2023

Candidate's signature (if applicable): _____ Date: _____