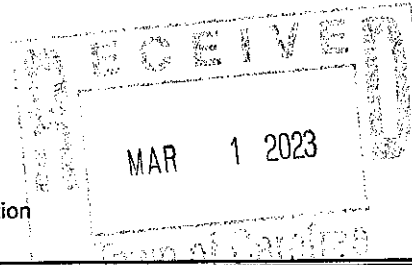




**COMMITTEE
STATEMENT OF ORGANIZATION**



COMMITTEE ID#
PAC-2023-02

Initial Registration Amended Registration

TYPE OF POLITICAL COMMITTEE (choose one): DATE: 3/1/23

Candidate Political Party
(attach proof of qualification pursuant to ARS 16-802, 16-804 or 16-823)

Political Action Committee (PAC) County Party Leg Dist Party

COMMITTEE NAME (required) *If sponsored, must include sponsor's name*

Keep Carefree Tax Free

RESIDENCE ADDRESS (Number and Street) CITY STATE ZIP
8921 E Northview Ln Carefree AZ 85377

MAILING ADDRESS (If Different from Residence Address) CITY STATE ZIP
P.O. Box Carefree AZ 85377

COMMITTEE PHONE # (required) COMMITTEE EMAIL ADDRESS (required)
(678) 983-4348 gpni@aol.com gpni@aol.com

COMMITTEE WEBSITE (if any) ELECTION CYCLE (year the election will take place)
KeepCarefreeTaxFree.com

CANDIDATE INFORMATION

CANDIDATE NAME:

PARTY AFFILIATION: OFFICE SOUGHT: (Including District)

RESIDENCE ADDRESS (Number and Street) CITY STATE ZIP

POLITICAL ACTION COMMITTEE INFORMATION

POLITICAL FUNCTION (select any that apply) Candidate Related Independent Expenditures

Contributions Recall Expenditures Ballot Measure Expenditures

SPECIAL STATUS (if applicable)

Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
 Standing Committee (provide copy of AZSOS registration) Mega PAC (provide copy of AZSOS registration)

SPONSORSHIP INFORMATION (if applicable)

NAME OR NICKNAME PHONE NUMBER

MAILING ADDRESS

EMAIL ADDRESS WEBSITE (if any)

BANK ACCOUNT INFORMATION (BANK NAME)


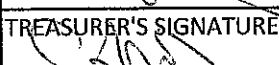
1. _____ 2. _____ 3. _____

COMMITTEE OFFICER INFORMATION:

CHAIRPERSON (First Name) George		(Last Name) Nelson	
RESIDENCE ADDRESS (Number and Street) 8921 E Northview Ln		CITY Carefree	STATE AZ
MAILING ADDRESS (If Different from Residence Address) P.O. Box		CITY Carefree	STATE AZ
CHAIRMAN PHONE # 678) 983-4348		CHAIRMAN EMAIL ADDRESS apni@aol.com <i>gpni@aol.com</i>	
CHAIRMAN OCCUPATION Retired		CHAIRMAN EMPLOYER	
TREASURER (First Name) George		(Last Name) Nelson	
RESIDENCE ADDRESS (Number and Street) 8921 E Northview Ln		CITY Carefree	STATE AZ
MAILING ADDRESS (If Different from Residence Address) P.O. Box		CITY Carefree	STATE AZ
TREASURER TELEPHONE # 678) 983-4348		TREASURER EMAIL ADDRESS apni@aol.com	
TREASURER OCCUPATION Retired		TREASURER EMPLOYER	

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.

DATE: <i>3/1/23</i>	CHAIRMAN'S SIGNATURE: 
DATE: <i>3/1/23</i>	TREASURER'S SIGNATURE: 
DATE:	CANDIDATE'S SIGNATURE (if applicable):