

COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

2020-05

- Initial Application
Amended Application
Date:

JAN 13 RECD

3:11pm JS

COMMITTEE TYPE (choose one):

TOWN COUNCIL

Candidate

Committee Name (required): HUNT FOR TOWN COUNCIL

Candidate's Name (required): LORI HUNT

Candidate's mailing address (required): PO BOX 27898-PRESOTT VLY AZ

Candidate's email address (required): LORI@HUNT FOR TOWN COUNCIL.COM

Candidate's phone number (required): 928-235-6223

Candidate's website (if any): HUNT4TOWNCOUNCIL.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, County Office, District, City/Town Office: COUNCIL

Election Cycle for Office Sought (year the election will take place) (required):

Party Affiliation: Democrat, Green, Libertarian, Republican, Other:

Political Action Committee (PAC)

Committee Name (required):

- Political Function (optional): Contributions, Candidate-Related Independent Expenditures, Ballot Measure Expenditures, Recall Expenditures

Sponsorship Information: Sponsor's name or nickname, Sponsor's mailing address, Sponsor's email address, Sponsor's phone number, Sponsor's website

- Special Status: Separate Segregated Fund of a Corporation, LLC, Partnership, or Union, Standing Committee, Mega PAC

Political Party

Committee Name (required): Hunt for Town Council

- Jurisdiction: State Party, County Party, Legislative District Party, City or Town Party

Special Status: Standing Committee

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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): POB 27898, PV 86312
Committee's email address (required): Lori@Hunt4TownCouncil.com
Committee's phone number (if any): 928-235-6223
Committee's website (if any): Hunt4TownCouncil.COM

Chairperson's Information: Chairperson's name (required): _____
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): Ginny Reeves
Treasurer's physical address (required): 5858 N. Bronco Ln PV 86314
Treasurer's mailing address (if different): _____
Treasurer's email address (required): gcr444@centurylink.net
Treasurer's phone number (required): 928 848 2468
Treasurer's employer (required): Self
Treasurer's occupation (required): Accountant

Bank or Financial Institution: Bank name (required): Credit Union West Prescott Valley
(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: Lori Hunt Date: 1/13/20
Treasurer's signature: Ginny Reeves Date: 1/13/20
Candidate's signature (if applicable): Lori Hunt Date: 1/13/20