

Initial Application
 Amended Application
 Date: _____

COMMITTEE STATEMENT OF ORGANIZATION

COMM
 2020-13

APR 17 REC'D 2020
 3:30pm

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Roger Kinsinger running for Prescott Valley City Council
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Roger Kinsinger

Candidate's mailing address (required): 7233 N Lucky Shoe Way Prescott Valley AZ 86315

Candidate's email address (required): rmk-2@msn.com

Candidate's phone number (required): 515-371-1312

Candidate's website (if any): _____

Office Sought (choose one):

Governor Secretary of State Attorney General State Treasurer
 Superintendent of Public Instruction State Mine Inspector Corporation Commiss

State Senate State House of Representatives District (required): _____

County Office: _____ District (if applicable): _____

City/Town Office: Prescott Valley City Council District (if applicable): _____

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

Party Affiliation: Democrat Green Libertarian Republican Other: _____
 (required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): _____
 (if sponsored, must include sponsor's name)

Political Function (optional): Contributions Candidate-Related Independent Expenditures
 (select any that apply) 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)

ENCLOSURE

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ENCLOSURE

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 2233 N Lucky Shoe Way, Prescott Valley, AZ 86315
 Committee's email address (required): rmk-2@msn.com
 Committee's phone number (if any): 515-314-7002
 Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): Roger Kinsinger
 Chairperson's physical address (required): 2233 N Lucky Shoe Way, Prescott Valley, AZ 86315
 Chairperson's mailing address (if different): same as above
 Chairperson's email address (required): rmk-2@msn.com
 Chairperson's phone number (required): 515-314-7002
 Chairperson's employer (required): retired insurance agent
 Chairperson's occupation (required): retired

Treasurer's Information:

Treasurer's name (required): Judy Kinsinger
 Treasurer's physical address (required): 2233 N Lucky Shoe Way, Prescott Valley, AZ 86315
 Treasurer's mailing address (if different): same as above
 Treasurer's email address (required): judykinsinger@gmail.com
 Treasurer's phone number (required): 515-314-1312
 Treasurer's employer (required): retired-sales
 Treasurer's occupation (required): retired

Bank or Financial Institution: (do not list acct numbers)

Bank name (required): Foot Hills Bank
 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 committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the address(es) provided herein.

Chairperson's signature: Roger Kinsinger Date: 4/17/2020
 Treasurer's signature: Judy Kinsinger Date: 4-17-20
 Candidate's signature (if applicable): Roger Kinsinger Date: 4/17/2020