

Initial Application  
 Amended Application  
Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

**RECEIVED**  
OCT 07 2019  
BY: 85

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):  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): \_\_\_\_\_  
 City/Town Office: \_\_\_\_\_  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): SAVE SCHULTZ MEADOW  
(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: Sponsor's name or nickname (required): N/A  
(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 N/A  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)

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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 185 E. Camille Dr. Flagstaff AZ  
Committee's email address (required): kanticevich@gmail.com 86005  
Committee's phone number (if any): N/A  
Committee's website (if any): saveschultemeadow.com

Chairperson's Information:

Chairperson's name (required): Kyle Anticerich  
Chairperson's physical address (required): 185 E. Camille Dr. Flagstaff AZ  
Chairperson's mailing address (if different): N/A 86005  
Chairperson's email address (required): Kanticevich@gmail.com  
Chairperson's phone number (required): 480-225-5714  
Chairperson's employer (required): Highlands Fire District  
Chairperson's occupation (required): Firefighter

Treasurer's Information:

Treasurer's name (required): Rossana Baker  
Treasurer's physical address (required): 48 W. Hance Trail  
Treasurer's mailing address (if different): "  
Treasurer's email address (required): rkbreporting@gmail.com  
Treasurer's phone number (required): 928-380-7967  
Treasurer's employer (required): self  
Treasurer's occupation (required): Stenographic reporter

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

Bank name (required): National Bank of Arizona  
Additional bank name (if applicable): N/A  
Additional bank name (if applicable): N/A

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:

Kyle Anticerich

Date:

9/24/19

Treasurer's signature:

RBaker

Date:

9/23/19

Candidate's signature (if applicable):

N/A

Date: