

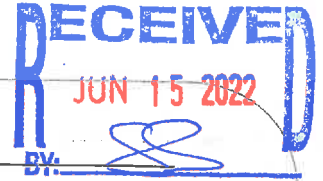
Initial Application
 Amended Application
 Date: 6/15/22



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
CC 2022-06

COMMITTEE TYPE (choose one):



Candidate

Committee Name (required): KEVIN DODGE FOR COUNCIL
 (first or last name & office)

Candidate Information:
 Candidate's Name (required): KEVIN DODGE
 Candidate's mailing address (required): 1347 S. UNION PACIFIC ST FLAGSTAFF, AZ 86001
 Candidate's email address (required): KPDMEDIC@YANCO.COM
 Candidate's phone number (required): (928) 607-3500
 Candidate's website (if any): _____

Office Sought (choose one):
 County Office: _____ District (if applicable): _____
 City/Town Office: CITY COUNCIL 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): 2022

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):
 (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)

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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): _____

Committee's email address (required): _____

Committee's phone number (if any): _____

Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): KEVIN DORR

Chairperson's physical address (required): 1347 S. UNION PACIFIC ST FLAGSTAFF, 86001

Chairperson's mailing address (if different): _____

Chairperson's email address (required): KPD@MEDIC@YANCO.COM

Chairperson's phone number (required): 928 607-3580

Chairperson's employer (required): D'REILLY AUTO PARTS

Chairperson's occupation (required): RETAIL SERVICE SPECIALIST

Treasurer's Information: Treasurer's name (required): SAME AS ABOVE

Treasurer's physical address (required): _____

Treasurer's mailing address (if different): _____

Treasurer's email address (required): _____

Treasurer's phone number (required): _____

Treasurer's employer (required): _____

Treasurer's occupation (required): _____

Bank or Financial Institution: Bank name (required): _____

(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: 6-15-22

Treasurer's signature: [Signature] Date: 6-15-22

Candidate's signature (if applicable): [Signature] Date: 6-15-22