Initial Application ☐ Amended Application

Party Affiliation:

(required for partisan offices)



COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):	
\Æl Candidate	Tonu Geiner for Carefoul Cornel
Committee Name (required): (first or last name & office)	1000 Galler Tox Caretoll Cosnail
Candidate Information:	Candidate's Name (required): Tony Gerger
	Candidate's mailing address (required): (.050) FAST MOVATA

ain Gt. Cave Couk, 85331 toeiger 4 e cox. ret Candidate's email address (required): 480-229-6364 Candidate's phone number (required): Candidate's website (if any): □ Governor ☐ Secretary of State ☐ Attorney General ☐ State Treasurer Office Sought (choose one): ☐ Corporation Commissioner □ Superintendent of Public Instruction ☐ State Mine Inspector ☐ State Senate ☐ State House of Representatives ☐ District (required): ____ ☐ County Office: ☐ District (if applicable): ___ City/Town Office: Town Council ☐ District (if applicable): _ 2020 Election Cycle for Office Sought (year the election will take place) (required): Dother: Independent □ Democrat □ Libertarian ☐ Republican ☐ Green

□ Political Action Committee (PAC)							
Committee Name (required): (if sponsored, must include sponsor's name)							
Political Function (optional):	☐ Contributions	☐ Candidat	e-Related Independent Expenditures				
(select any that apply)	☐ Ballot Measure Exp	penditures	☐ Recall Expenditures				
Sponsorship Information: (if applicable)	Sponsor's mailing add Sponsor's email addr Sponsor's phone num	dress (required): ess (required): nber (if any):	red):				
Special Status (if applicable)	☐ Standing Committe	ee (must also c	Corporation, LLC, Partnership, or Union omplete separate standing committee registration) Mega PAC status to filing officer) (amended applications only)				

☐ Political Party	
Committee Name (required): (must include party affiliation)	1 C C C C C C C C C C C C C C C C C C C
Jurisdiction:	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 18-804) ♀ 2020 ☐ 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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1		Initial Application
-		Amended Application
	Da	ite:



COMMITTEE !D NUMBER (office use only)

COMMITTEE INFORMATION:

Treasurer's signature:

Candidate's signature (if applicable):

Contact Information:	Committee's mailing address (required): 6050 EAST MOUNTAIN OF CAVE COM	<u>k</u> c
	Committee's email address (required): + George 4 & Cox ret Committee's phone number (if any): 480 - 229 - 6364	
	Committee's phone number (if any): 480-229-6364	
	Committee's website (if any):	
Chairperson's Information:	Chairperson's name (required):	
	Chairperson's physical address (required):	
	Chairperson's mailing address (if different): Same on obon	
	Chairperson's email address (required):	
	Chairperson's phone number (required):	
	Chairperson's employer (required): 24 track	
	Chairperson's occupation (required):	
Treasurer's Information:	Treasurer's name (required): Tany Geiger	
	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):	
	Transitude assumption (annuing the	
Bank or Financial Institution:	Bank name (required): Wells Fage	
(do not list acct numbers)	Additional bank name (ifapplicable):	
	Additional bank name (if applicable):	_
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ION AND SIGNATURES:		

I declare under penalty of per chairperson or treasurer of th	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve a ne committee named herein, if applicable; (2) designate the above-named committee as my official o	andida
committee and authorize it to	receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of ing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified a	State
§§ 16-901 to 16-938; and (5)	agree to accept all notifications and legal service of process for campaign finance purposes via the	A.K.S email
address(es) provided herein.	Date: 6-18-2020	