

Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Hammond - Council Member
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Amanda Hammond

Candidate's mailing address (required): Po Box 2354, Page, AZ 86040

Candidate's email address (required): amanda.m.straub@gmail.com

Candidate's phone number (required): 928-660-0806

Candidate's website (if any): n/a

Office Sought (choose one):

County Office: _____ District (if applicable): _____

City/Town Office: Council Member 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): 2024

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)

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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): PO Box 2384, Page, Az 86040
Committee's email address (required): amanda.m.straub@gmail.com
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): Amanda Hammond
Chairperson's physical address (required): 370 Clubhouse Dr., Page, Az 86040
Chairperson's mailing address (if different): PO Box 2384, Page, Az 86040
Chairperson's email address (required): amanda.m.straub@gmail.com
Chairperson's phone number (required): 928-660-0806
Chairperson's employer (required): National Park Service
Chairperson's occupation (required): Interpretation (Communication) Planner

Treasurer's Information:
Treasurer's name (required): Amanda Hammond
Treasurer's physical address (required): 370 Clubhouse Dr., Page, Az 86040
Treasurer's mailing address (if different): PO Box 2384, Page, Az 86040
Treasurer's email address (required): amanda.m.straub@gmail.com
Treasurer's phone number (required): 928-660-0806
Treasurer's employer (required): National Park Service
Treasurer's occupation (required): Interpretation (Communication) Planner

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): America First Credit Union
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: Amanda Hammond Date: 8/15/24
Treasurer's signature: Amanda Hammond Date: 8/15/24
Candidate's signature (if applicable): Amanda Hammond Date: 8/15/24