	Amended Application
Dat	a:

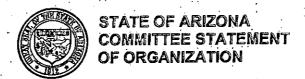


COMMITTEE ID NUMBER (office use only)

CC

Candidate Committee Name (required)	Hammond - Council Member			
(first or last name & office)	Candidate's Name (required): Amondo Hommond Candidate's mailing address (required): Po Box 2384, Page, Az 86040			
Candidate Information:				
	Candidate's email address (required): amanda m . Straube gmail. com			
	Candidate's phone number (required): 926-660-08-6			
	Candidate's website (if any): n/a			
Office Sought (choose one):	County Office: District (if applicable):			
	City/Town Office: Courcil Member District (if applicable):			
	School Board Office: District (if applicable):	_		
	Special District Board: District (if applicable):			
Florida Ovela for Office Sou	ught (year the election will take place) (required): 2024			
	grit (year the election will take place) (1-q-1			
Party Affiliation: (required for partisan offices)	El Delliocat	_		
☐ Political Action Comm Committee Name (required): (if sponsored, must include	mittee (PAC)	A CLE		
sponsor's name)	N	73		
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures	Ś		
	☐ Ballot Measure Expenditures ☐ Recall Expenditures	OFF		
(select any that apply)	**			
	Sponsor's name or nickname (required):	-0		
(select any that apply) Sponsorship Information: (if applicable)	Sponsor's mailing address (required):	CE		
Sponsorship Information:	Sponsor's mailing address (required):Sponsor's email address (required):	CE -		
Sponsorship Information:	Sponsor's mailing address (required):Sponsor's email address (required):Sponsor's phone number (if any):	CE -		
Sponsorship Information:	Sponsor's mailing address (required):			
Sponsorship Information: (if applicable)	Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Description: Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	CE		
Sponsorship Information: (if applicable) Special Status	Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration)	CE - -		
Sponsorship Information: (if applicable) Special Status	Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Description: Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	CE		
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Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	Sponsor's mailing address (required):			
Sponsorship Information: (if applicable) Special Status if applicable) Political Party Committee Name (required): must include party affiliation)	Sponsor's mailing address (required):	CE		
Sponsorship Information: (if applicable) Special Status if applicable) Political Party Committee Name (required): must include party affiliation) Jurisdiction:	Sponsor's mailing address (required):	—CE		
Sponsorship Information: (if applicable) Special Status if applicable) Political Party Committee Name (required): must include party affiliation) durisdiction:	Sponsor's mailing address (required):	CE		
Sponsorship Information: (if applicable) Special Status if applicable) Political Party Committee Name (required): must include party affiliation) Jurisdiction:	Sponsor's mailing address (required):	ICE -		

☐ Initial Application ☐ Amended Application	
Date:	



COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): PO Box 2384, Age, Az 86040 Committee's email address (required): amandam straubagmoil-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): 390 Club Louse Dr., Page, Az 86040
:	Chairperson's mailing address (if different): 6 Box 2384. Vage, Az 26040
	Chairperson's email address (required): amandam. 54 au begmail-com
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chairperson's phone number (required): 128-660-0804
	Chairperson's employer (required): National Park Service
	Chairperson's occupation (required): Interpretation (Communication) Plance
Treasurer's Information:	Treasurer's name (required): Amanda Hammond
	Treasurer's physical address (required): 390 Clubbause Dr., Par, Ac 86040
	Treasurer's mailing address (if different): PO Box 2384, Page, Az 86040
	Treasurer's email address (required): amand. m. straube 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:	No. of Cont. 16
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):

DEC

chairt	are under penalty of perjury that the foregoing information is true and corrected on treasurer of the committee named herein, if applicable; (2) design	nate the above-named commi	ittee as my omcia	al candidate
comm campa §§ 16	ittee and authorize it to receive/make contributions/expenditures on my be aign finance and reporting guide; (4) agree to comply with Arizona election 901 to 16-938; and (5) agree to accept all notifications and legal service of es(es) provided herein.	ehalf, if applicable; (3) have re halaw, including campaign fina	ad the Secretary nce laws codified	of State's at A.R.S.
	erson's signature: Armed Hand			
•	urer's signature: Thumb	Date: 8/15/24	· · ·	• :
Candid	late's signature (if applicable)	Date: 8/15/24	- :	