

Initial Application
 Amended Application
Date: 08/19/2024



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

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CE-2024-05

24 AUG 19 PM 1:04

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Tom Preller for City Council

Candidate Information:
Candidate's Name (required): Tom Sunshine Preller
Candidate's mailing address (required): PO Box 4327, Page AZ 86040
Candidate's email address (required): TomPreller19@gmail.com
Candidate's phone number (required): (928) 645-9197
Candidate's website (if any): tom4page.com

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: Page City Council District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2024

Party Affiliation: (required for partisan offices)
 Democrat Green Libertarian Republican Other: _____

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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COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): PO Box 4327, Page, AZ 86040
Committee's email address (required): TomPreller19@gmail.com
Committee's phone number (if any): (928) 645-9197
Committee's website (if any): tom4page.com

Chairperson's Information:
Chairperson's name (required): Tom Sunshine Preller
Chairperson's physical address (required): 306 Date St. Page, AZ 86040
Chairperson's mailing address (if different): PO Box 4327, Page, AZ 86040
Chairperson's email address (required): TomPreller19@gmail.com
Chairperson's phone number (required): (928) 645-9197
Chairperson's employer (required): Bureau of Reclamation
Chairperson's occupation (required): IT Specialist

Treasurer's Information:
Treasurer's name (required): Tom Sunshine Preller
Treasurer's physical address (required): Tom Sunshine Preller
Treasurer's mailing address (if different): PO Box 4327, Page, AZ 86040
Treasurer's email address (required): TomPreller19@gmail.com
Treasurer's phone number (required): (928) 645-9197
Treasurer's employer (required): Bureau of Reclamation
Treasurer's occupation (required): IT Specialist

Bank or Financial Institution:
(do not list acct numbers) Bank name (required): National Bank of Arizona
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: 08/19/2024

Treasurer's signature: [Signature] Date: 08/19/2024

Candidate's signature (if applicable): [Signature] Date: 08/19/2024