

Initial Application
 Amended Application
Date: 1/26/2026



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
PAC25-01

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): _____
(first or last name & office)

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Candidate Information: Candidate's Name (required): _____
Candidate's mailing address (required): _____
Candidate's email address (required): _____
Candidate's phone number (required): _____
Candidate's website (if any): _____

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

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

Political Action Committee (PAC)

Committee Name (required): P.A.G.E.
(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: Sponsor's name or nickname (required): _____
(if applicable) 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 2591 Page AZ 86040

Committee's email address (required): bhenshaw95@gmail.com

Committee's phone number (if any): —

Committee's website (if any): nodatacenterpageaz.wordpress.com

Chairperson's Information:

Chairperson's name (required): Beth Henshaw

Chairperson's physical address (required): 848 Crestview Ave Page AZ

Chairperson's mailing address (if different): Po Box 2591 86040

Chairperson's email address (required): bhenshaw95@gmail.com

Chairperson's phone number (required): 804-399-0312

Chairperson's employer (required): Pronghorn Expeditions-self employed

Chairperson's occupation (required): Tour Guide

Treasurer's Information:

Treasurer's name (required): Sharon Woodard

Treasurer's physical address (required): 55 1st Ave Page, AZ 86040

Treasurer's mailing address (if different): P.O. Box #1933 Page, AZ 86040

Treasurer's email address (required): swoodard11@gmail.com

Treasurer's phone number (required): 928-660-1127

Treasurer's employer (required): retired from PUSD

Treasurer's occupation (required): retired educator

Bank or Financial Institution:

(do not list acct numbers)

Bank name (required): Bank of the West

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: Beth Henshaw Date: 1/17/2026

Treasurer's signature: Sharon Woodard Date: 1/14/2026

Candidate's signature (if applicable): Date:

2026 JAN 26 PM2:04
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