

Initial Application  
 Amended Application  
 Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

CITY CLERK'S

COMMITTEE ID NUMBER  
(office use only)

MC22-3

APR 15 2022

COMMITTEE TYPE (choose one):

OFFICE

Candidate

Committee Name (required): Huddleston for Council  
(first or last name & office)

Candidate Information:

Candidate's Name (required): Bob Huddleston

Candidate's mailing address (required): 427 E. ATLANTIC DR. CG. A2

Candidate's email address (required): Huddleston2013@gmail.com

Candidate's phone number (required): 520 560 1815

Candidate's website (if any): \_\_\_\_\_

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): 2022

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)

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)

<input checked="" type="checkbox"/> Initial Application
<input type="checkbox"/> Amended Application
Date: _____



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)
MC22-3

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 427 E. ATLANTIC DR. C4 AZ  
Committee's email address (required): Huddleston2013@gmail.com  
Committee's phone number (if any): 520 560 1815

Chairperson's Information:

Chairperson's name (required): Doria Garza Huddleston  
Chairperson's physical address (required): 427 E. ATLANTIC DR. C4 AZ  
Chairperson's mailing address (if different):  
Chairperson's email address (required): Huddleston2013@gmail.com  
Chairperson's phone number (required): 520 560 1815  
Chairperson's employer (required): REALTY EXECUTIVES  
Chairperson's occupation (required): REALTOR

Treasurer's Information:

Treasurer's name (required): Doria Garza Huddleston  
Treasurer's physical address (required): 427 E. ATLANTIC DR. C4 AZ  
Treasurer's mailing address (if different):  
Treasurer's email address (required): Huddleston2013@gmail.com  
Treasurer's phone number (required): 520 560 1815  
Treasurer's employer (required): REALTY EXECUTIVES  
Treasurer's occupation (required): REALTOR

Bank or Financial Institution:  
(do not list acct numbers)

Bank name (required): CHASE  
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: Doria Garza Huddleston Date: 4-14-22

Treasurer's signature: Doria Garza Huddleston Date: 4-14-22

Candidate's signature (if applicable): Robert Lynn Nease Date: 4-14-22