

☒ Initial Application
☐ Amended Application
Date: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

CITY CLERK'S MC22-3

APR 15 2022

COMMITTEE TYPE (choose one):

☒ **Candidate**

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

Huddleston for Council

Candidate Information:

Candidate's Name (required):

Bob Huddleston

Candidate's mailing address (required):

427 E. Atlantic Dr. Ch. AZ

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:

(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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**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. CL4 AZ
 Committee's email address (required): Huddleston2013@gmail.com
 Committee's phone number (if any): 520 560 1815
 Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): DORIA GARZA Huddleston
 Chairperson's physical address (required): 427 E. ATLANTIC DR. CL4 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. CL4 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: [Signature] Date: 4-14-22
 Treasurer's signature: [Signature] Date: 4-14-22
 Candidate's signature (if applicable): [Signature] Date: 4-14-22