

CITY CLERK'S 10/24  
APR 17 2010

MR  
MC18-2

Initial Application  
 Amended Application  
Date: 4/17/18



STATE OF ARIZONA  
COMMITTEE STATEMENT OFFICE  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Committee to Reelect Dick Powell for Council  
(first or last name & office)

Candidate Information: Candidate's Name (required): Dick Powell

Candidate's mailing address (required): 505 W Main Ave Casa Grande, AZ 85122

Candidate's email address (required): powellsfeed@aol.com

Candidate's phone number (required): 520-836-7013

Candidate's website (if any):

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: City Council  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): \_\_\_\_\_  
(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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**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)  
MC18-2

**COMMITTEE INFORMATION:**

<i>Contact Information:</i>	Committee's mailing address (required): <u>505 W Main Ave Casa Grande, AZ 85122</u>
	Committee's email address (required): <u>powellsfeed@aol.com</u>
	Committee's phone number (if any): <u>520-836-7013</u>
	Committee's website (if any): _____
<i>Chairperson's Information:</i>	Chairperson's name (required): <u>Dick Powell</u>
	Chairperson's physical address (required): <u>1000 N Lehmberg Ave Casa Grande, AZ 85122</u>
	Chairperson's mailing address (if different): <u>505 W Main Ave Casa Grande, AZ 85122</u>
	Chairperson's email address (required): <u>powellsfeed@aol.com</u>
	Chairperson's phone number (required): <u>520-836-7013</u>
	Chairperson's employer (required): <u>Powell's Feed &amp; Supply, INC</u>
	Chairperson's occupation (required): <u>Owner</u>
<i>Treasurer's Information:</i>	Treasurer's name (required): <u>Kylie Powell</u>
	Treasurer's physical address (required): <u>943 E Kortsen Rd #4 Casa Grande, AZ 85122</u>
	Treasurer's mailing address (if different): <u>505 W Main Ave Casa Grande, AZ 85122</u>
	Treasurer's email address (required): <u>kylie@powellsfeed.com</u>
	Treasurer's phone number (required): <u>520-709-6921</u>
	Treasurer's employer (required): <u>Powell's Feed &amp; Supply, INC</u>
	Treasurer's occupation (required): <u>Sales Manager</u>
<i>Bank or Financial Institution:</i> (do not list acct numbers)	Bank name (required): <u>Pinal County Federal Credit Union</u>
	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: Dick Powell

Date: 4/16/2018

Treasurer's signature: Kylie Powell

Date: 4/16/2018

Candidate's signature (if applicable): Dick Powell

Date: 4/16/2018