

Initial Application
 Amended Application
 Date: 7/3/18



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)
MC 18-4

COMMITTEE TYPE (choose one):

Candidate

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

Huddleston for Council

Candidate Information:

Candidate's Name (required): Robert Huddleston

Candidate's mailing address (required): 427 E. Atlantic Dr. CG, AZ 85122

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):

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: Council District (if applicable): _____

2018

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

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): 427 E. Atlantic Dr. CG, AZ 85122

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. CG, AZ 85122

Chairperson's mailing address (if different): _____

Chairperson's email address (required): DORIA@COX.NET

Chairperson's phone number (required): 602 818 8112

Chairperson's employer (required): REALTY Executives

Chairperson's occupation (required): REALTOR

Treasurer's Information:

Treasurer's name (required): Shirley Huddleston

Treasurer's physical address (required): 1542 E. Melrose CG, AZ 85122

Treasurer's mailing address (if different): _____

Treasurer's email address (required): shuddleston2@cox.net

Treasurer's phone number (required): 520 836 7728

Treasurer's employer (required): Retired

Treasurer's occupation (required): Retired

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: 7-3-18

Treasurer's signature: Shirley Huddleston

Date: 7-2-18

Candidate's signature (if applicable): Robert Huddleston

Date: 7-3-18