

☒ Initial Application  
☐ Amended Application  
Date: 7/3/18



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

MC18-4

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):

Election Cycle for Office Sought (year the election will take place) (required): 2018

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)

MC18-41

**COMMITTEE INFORMATION:**

**Contact Information:**

Committee's mailing address (required): 427E. 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): 427E. 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: [Signature] Date: 7-3-18

Treasurer's signature: Shirley Huddleston Date: 7-2-18

Candidate's signature (if applicable): Robert Huddleston Date: 7-3-18