

- ☒ Initial Application
☐ Amended Application

Date: 11/28/23



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

NOV 28 '23 PM 3:20

COMMITTEE ID NUMBER
(office use only)

MC23-03
CL

COMMITTEE TYPE (choose one):

☒ Candidate

Committee Name (required): Friends of Brett Benedict For City Council
(first or last name & office)

Candidate Information: Candidate's Name (required): Brett Benedict
Candidate's mailing address (required): 567 W Cobblestone Ct
Candidate's email address (required): BrettBenedict@aol.com
Candidate's phone number (required): (520) 426-1626
Candidate's website (if any): _____

Office Sought (choose one): ☒ County Office: _____ ☐ District (if applicable): _____
☒ City/Town Office: Council ☐ 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): 2024

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): ☐ 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)

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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 567 W Cobblestone Ct. Casa Grande, AZ 85122
Committee's email address (required): BrettBenedict@aol.com
Committee's phone number (if any): (520) 426-1626
Committee's website (if any): NA


Chairperson's Information: Chairperson's name (required): Brett Benedict
Chairperson's physical address (required): 567 W Cobblestone Ct. Casa Grande, AZ 85122
Chairperson's mailing address (if different): _____
Chairperson's email address (required): BrettBenedict@aol.com
Chairperson's phone number (required): (520) 426-1626
Chairperson's employer (required): KW Legacy One Realty
Chairperson's occupation (required): Realtor

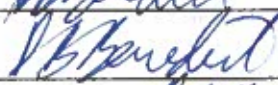
Treasurer's Information: Treasurer's name (required): Brett Benedict
Treasurer's physical address (required): 567 W Cobblestone Ct. Casa Grande, AZ 85122
Treasurer's mailing address (if different): _____
Treasurer's email address (required): BrettBenedict@aol.com
Treasurer's phone number (required): (520) 426-1626
Treasurer's employer (required): RealtorKW Legacy One Realty
Treasurer's occupation (required): _____

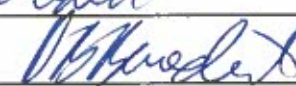
Bank or Financial Institution: Bank name (required): Foothills Bank
(do not list acct numbers) Additional bank name (if applicable): _____
Additional bank name (if applicable): _____

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:  Date: 11/25/2023

Treasurer's signature:  Date: 11/25/2023

Candidate's signature (if applicable):  Date: 11/25/2023

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