

Initial Application
 Amended Application
 Date: 11/28/23



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
MC23-03

MDU28128493120

GL

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Friends of Brett Benedict *For City Council*

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: 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: (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)

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:
(do not list acct numbers)
Bank name (required): Foothills Bank
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: B. Benedict Date: 11/25/2023

Treasurer's signature: B. Benedict Date: 11/25/2023

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

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INDU 28-23 PH3120

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

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(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): _____

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Special Status
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