☑ Initial Application
☐ Amended Application
Date:



COMMITTEE ID NUMBER (office use only)

☑ Candidate	
•	Adam Son Law la Ada
Committee Name (required): (first or last name & office)	- AMIN PERULIPOR FOR PAYOR
Candidate Information:	Candidate's Name (required): MATTIN ERICEDA
	Candidate's mailing address (required): 81 N. Napus lave Uhn 652
	Candidate's email address (required): May have p Hotman L. Com
	Candidate's phone number (required): 602.616.3736
	·
Office Sought (choose one):	Candidate's website (if any):
	☐ 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: District (if applicable):
Election Cycle for Office Soug	ght (year the election will take place) (required): 2018
Party Affiliation:	☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other:
(required for partisan offices)	2 Solitoria: 2 Grossi 2 Grossianiai 2 Ropublicum 2 Otto.
(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):
Sponsorship Information: (if applicable)	Sponsor's name or nickname (required): Sponsor's mailing address (required):
•	Sponsor's mailing address (required):
•	Sponsor's mailing address (required):Sponsor's email address (required):
•	Sponsor's mailing address (required):
•	Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any):
(if applicable)	Sponsor's mailing address (required):
(if applicable) Special Status	Sponsor's mailing address (required):
(if applicable) Special Status	Sponsor's mailing address (required):
(if applicable) Special Status	Sponsor's mailing address (required):
(if applicable) Special Status (if applicable)	Sponsor's mailing address (required):
(if applicable) Special Status (if applicable) Political Party Committee Name (required):	Sponsor's mailing address (required):
(if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): 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)
(if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's website (if any): 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) 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)
(if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	Sponsor's mailing address (required):
(if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	Sponsor's mailing address (required):

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Date:	



Committee's mailing address (required): 891 A

COMMITTEE ID NUMBER (office use only)

C17-02

COMMITTEE INFORMATION:

Contact Information:

	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): MARIN SERLICEDA
	Chairperson's physical address (required): Eq. M. Myong Syrue Culture B522
	Chairperson's mailing address (if different):
	Chairperson's email address (required): Mayhuns p Hermanl. Com
	Chairperson's phone number (required): 602.616.3736
	Chairperson's employer (required):
	Chairperson's occupation (required): 1 Business Developubil
Treasurer's Information:	Treasurer's name (required): WARTIN SCRULVED A
	Treasurer's physical address (required):
	Treasurer's mailing address (if different):
	Treasurer's email address (required):
	Treasurer's phone number (required):
	Treasurer's employer (required):
	Treasurer's occupation (required):
Bank or Financial Institution:	Bank name (required): AZ BANK TRUST
(do not list acct numbers)	Additional bank name (ifapplicable):
_	Additional bank name (if applicable):
chairperson or treasurer of the committee and authorize it to campaign finance and report	erjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as the committee named herein, if applicable; (2) designate the above-named committee as my official candidate to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email
address(es) provided herein.	1 - Kan 1 12 Ga 17
	Date: 13 CB 17 Date: 13 CB 17 Date: 13 CB 17