RECEIVED





COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):

Committee Name (required): First or last name & office)	RICK HEUMANN 20 COUNCIL
Candidate Information:	Candidate's Name (required): RICK HEUMANN Candidate's mailing address (required): 43/0 W Dublin ST
	Candidate's email address (required): RICK 4CCC Compile. Com
	Candidate's phone number (required): 480 961 545
O# 0	Candidate's website (if any): ☐ Governor ☐ Secretary of State ☐ Attorney General ☐ State Treasurer
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: Champles Counce District (if applicable):
Election Cycle for Office Sou	ght (year the election will take place) (required):
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
III SDONSOFEG. MUSE INCIQUE	
sponsor's name)	CO. 175 Co. 17
sponsor's name)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
sponsor's name) Political Function (optional): (select any that apply)	
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures
Sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any):
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):
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sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):
(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):
sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):
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sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required):	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):
Sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation	□ Ballot Measure Expenditures □ Recall Expenditures 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): □ □ 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)
Sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation	□ Ballot Measure Expenditures □ Recall Expenditures 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): □ 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)

☐ Initial Application☐ Amended Application	
Date:	



COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Candidate's signature (if applicable):

Committee's phone number (if any): Chairperson's Information: Chairperson's name (required): Chairperson's physical address (required): Chairperson's mailing address (required): Chairperson's mailing address (required): Chairperson's mailing address (required): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (ifapplicable): 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 and ender en	Committee's website (if any): Committee's website (if any): Chairperson's name (required): Chairperson's physical address (required): Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's employer (required): Chairperson's occupation (required): Solution Treasurer's name (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (re		Committee's mailing address (required): 43/0 w Dublin ST Chronic
Committee's website (if any): Chairperson's Information: Chairperson's name (required): Chairperson's physical address (required): Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's occupation (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's mailing address (if different): Treasurer's mailing address (if different): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's employer (required): Chairperson or treasurer (required): Additional bank name (if applicable): Additional bank name (if applicable): 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 candic committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of Stat campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at AR S16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the ema	Committee's website (if any): Chairperson's name (required): Chairperson's physical address (required): Chairperson's mailing address (required): Chairperson's mailing address (required): Chairperson's mailing address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's cocupation (required): Solica Managea Treasurer's name (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's occupation (required): Treasurer's occupation (required): Additional bank name (required): Additional bank name (fapplicable): Additional bank name (if applicable): Additional bank name (if applicable): Inder penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as one or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate as and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's finance and reporting guide, (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. to 16-388, and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email s) provided herein.		Committee's email address (required): RICK YCCC & 6 MAIL, Com
Chairperson's Information: Chairperson's physical address (required): Chairperson's physical address (required): Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's occupation (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's name (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's employer (required): Chase Bank Additional bank name (ifapplicable): Additional bank name (ifapplicable): I declare under penalty of perjury that the foregoing information is true and corect. 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 candic committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of Standard at AR applicable, if applicable; (4) la arree to comply with Arizona election and its properties and a standard at AR applicable and in the properties are applied at AR applicable, if applicable, if applicable, if applicable, if applicable, if applicable at AR applicable, if a	Chairperson's name (required):		Committee's phone number (if any): 980 967 5711
Chairperson's physical address (required): Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's occupation (required): Chairperson's occupation (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's physical address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's employer (required): Treasurer's occupation (required): Additional bank name (required): Additional bank name (required): Additional bank name (required): Additional bank name (if applicable): Additional bank name (if applicable): 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 and end (if applicable): 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 and end (if applicable): Additional bank name (if applicable): 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 as my official candic committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and reporting quide; (4) agree to comply with Arizona election law, including campaign finance laws codified at AR 85 16-901 to 16-938; and (5) agree to comply with Arizona	Chairperson's physical address (required): Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's occupation (required): Chairperson's occupation (required): Treasurer's name (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email of the foreguired): Treasurer's employer (required): Treasurer's occupation (required): Treasurer's occupation (required): Treasurer's occupation (required): Sole Marin Surface Marin Surface		Committee's website (if any):
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Chairperson's email address (required): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's occupation (required): Chairperson's occupation (required): Chairperson's name (required): Chairperson's name (required): Treasurer's Information: Treasurer's name (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's occupation (required): Treasurer's occupation (required): Additional bank name (required): 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 candic committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance purposes via the email represendent and reporting guide; (4) agree to comply with Arizona election law, including campaign finance purposes via the email represendent and reporting guide; (3) have read the Secretary of State campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance purposes via the email represendent and reporting guide; (4) agree to comply with Arizona election law, including campaign finance saws codified at AR 8 8 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance saws codified at AR 8 90-90-90-90-90-90-90-90-90-90-90-90-90-9	Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's employer (required): Chairperson's employer (required): Chairperson's cocupation (required): Treasurer's name (required): Treasurer's physical address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's phone number (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's occupation (required): Treasurer's occupation (required): Additional bank name (fapplicable): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (ifapplicable): SIGNATURES: SIGNATURES: Additional to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email s) provided herein.		Chairperson's physical address (required): 43/0 W Dublin 57 Chand
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Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's physical address (required): Treasurer's mailing address (if different): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's cocupation (required): Treasurer's occupation (required): Sole Minnosur Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (if applicable): 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 candic committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at AR §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the ema	Chairperson's occupation (required): Treasurer's physical address (required): Treasurer's physical address (required): Treasurer's mailing address (if different): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's occupation (required): Treasurer's occupation (required): Treasurer's occupation (required): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (if applicable): SIGNATURES: SIGNATURES: SIGNATURES: SIGNATURES: Additional bank name dherein, if applicable; (2) designate the above-named committee as my official candidate or and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email s) provided herein.		
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Treasurer's physical address (required):	Treasurer's mailing address (if different): Treasurer's mailing address (if different): Treasurer's email address (required): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's employer (required): Treasurer's occupation (required): Treasurer's occupation (required): Treasurer's occupation (required): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (if applicable): SIGNATURES: SIGNATURES: Inder penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as on or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate and undrize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email s) provided herein.		
Treasurer's mailing address (if different): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's employer (required): Treasurer's occupation (required): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (if applicable): ION 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 candic committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of Stat campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the ema	Treasurer's email address (if different): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's occupation (required): Treasurer's occupation (required): Treasurer's employer (required): Treasurer's occupation (required): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (if applicable): SIGNATURES: SIGNATURES: Inder penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as on or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate or and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email s) provided herein.	Treasurer's Information:	Treasurer's name (required): RICK HEUMANN
Treasurer's mailing address (if different): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's employer (required): Treasurer's occupation (required): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (if applicable): ION 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 candic committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of Stat campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the ema	Treasurer's email address (if different): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Treasurer's occupation (required): Treasurer's occupation (required): Treasurer's employer (required): Treasurer's occupation (required): Additional bank name (ifapplicable): Additional bank name (ifapplicable): Additional bank name (if applicable): SIGNATURES: SIGNATURES: Inder penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as on or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate or and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email s) provided herein.		Treasurer's physical address (required): 43/0 W Oubline ST Chi
Treasurer's employer (required): Treasurer's employer (required): Treasurer's occupation (required): Shee Minney (See Minne	Treasurer's employer (required): Treasurer's occupation (required): Treasurer's occupation (required): Sole Minute Sole Minute Inancial Institution: Bank name (required): Additional bank name (ifapplicable): Additional bank name (if applicable): Additional bank name (if applicable): SIGNATURES: Inder penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as on or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email s) provided herein.		Treasurer's mailing address (if different):
Treasurer's employer (required): Treasurer's occupation (required): She Mann Like Treasurer's occupation (required): Bank or Financial Institution: Bank name (required): Additional bank name (ifapplicable): Additional bank name (if applicable): ION 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 candic committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the ema	Treasurer's employer (required): Treasurer's occupation (required): Sole Mitmosus Bank name (required): Additional bank name (ifapplicable): Additional bank name (if applicable): Additional bank name (if applicable): SIGNATURES: SIGNATURES: Additional bank name (if applicable): Inder penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as on or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email s) provided herein.		
Treasurer's occupation (required): Bank or Financial Institution: Bank name (required): Additional bank name (ifapplicable): Additional bank name (if applicable): 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 candic committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the ema	Treasurer's occupation (required): Ship Mark		Treasurer's phone number (required):
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	on's signature: Mell fur Date: 6/24/19	chairperson or treasurer of the committee and authorize it to campaign finance and report §§ 16-901 to 16-938; and (5)	
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