Initial Application
Amended Application
Date: 10-6-23



committee ID NUMBER (office use only)

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Candidate	Harry Rocks Miller - Contract winter
Committee Name (required): (first or last name & office)	VIOVIA HUMIN THINON VONTOTT HINTING
Candidate Information:	Candidate's Name (required):
Ma 1	Candidate's mailing address (required):
	Candidate's email address (required): 120 Candidate's email address (req
	Candidate's phone number (required):
	Candidate's website (if any): WWW Citch for Chander com common co
Office Sought (choose one):	County Office:
emed dought (emeded eme).	City/Town Office: District (if applicable):
	□ School Board Office: □ District (if applicable):
	■ Special District Board: ■ District (if applicable):
Floation Cycle for Office Sour	ght (year the election will take place) (required):
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
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☐ Political Action Comr	
(if sponsored, must include	CITY OF C
sponsor's name)	
sponsor's name) Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures
•	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
Political Function (optional): (select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures
Political Function (optional):	
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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Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):
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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):
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) □ 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)
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) □ 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)
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) □ 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)





COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): Mo W. Son Marcos Or. Chandle 5224
		Committee's email address (required): \(1\center(c)\chi\chi\chi\chi\chi\chi\chi\chi\chi\chi
		Committee's phone number (if any):
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required):
		Chairperson's physical address (required): 1310 W. San Marcus IV. Channer 9571
		Chairperson's mailing address (if different):
		Chairperson's email address (required): \(\frac{1}{2} \frac{1}{2
		Chairperson's phone number (required):
		Chairperson's employer (required):
		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 phone number (required):
		Treasurer's employer (required):
		Treasurer's occupation (required):
	Bank or Financial Institution:	Bank name (required): White State St
. 1	(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 chairperson or treasurer of the committee named herein, if applicable; (2) designa committee and authorize it to receive/make contributions/expenditures on my beha campaign finance and reporting guide; (4) agree to comply with Arizona election is §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of processing the se	te the above-named committee as my official candidate alf, if applicable; (3) have read the Secretary of State's aw, including campaign finance laws codified at A.R.S.
address(es) provided herein.	
Chairperson's signature:	Date:
Treasurer's signature:	Date:
	- 10/2/02
Candidate's signature (if applicable):	Date: