



YAVAPAI COUNTY
COMMITTEE STATEMENT
OF ORGANIZATION



Initial Application Amended Application

DATE 1/23/18 ID# (office use only) SCH 18-001

FOR OFFICE USE ONLY

COMMITTEE TYPE (choose one)

CANDIDATE form with fields for name, election cycle, party affiliation, mailing address, email, phone, website, and office sought.

Political Action Committee (PAC) form with fields for name, political function, sponsor information, and special status.

POLITICAL PARTY form with fields for party name, jurisdiction, and special status.

Please complete both sides of this form.

COMMITTEE INFORMATION

COMMITTEE'S MAILING ADDRESS (required) 25375 N. Feather Mountain Rd.		CITY Paolden	STATE AZ	ZIP 86334
COMMITTEE'S EMAIL ADDRESS (required) CUAZ505@gmail.com		COMMITTEE'S PHONE NUMBER (if any) 928 636-4228		COMMITTEE'S WEBSITE (if any)
CHAIRPERSON'S INFORMATION				
CHAIRPERSON'S NAME (required) Amore Cianciola				
CHAIRPERSON'S PHYSICAL ADDRESS (required) 1313 Del Rio Drive		CITY Chino Valley	STATE AZ	ZIP 86323
CHAIRPERSON'S MAILING ADDRESS (if different)		CITY	STATE	ZIP
CHAIRPERSON'S EMAIL ADDRESS (required) amore@hassayampa.com		CHAIRPERSON'S EMPLOYER (required) Hassayampa Inn		
CHAIRPERSON'S PHONE NUMBER (required) 928-899-7090		CHAIRPERSON'S OCCUPATION (required) Hotel Manager		
TREASURER'S INFORMATION				
TREASURER'S NAME (required) PETER POUNA				
TREASURER'S PHYSICAL ADDRESS (required) 25375 N Feather Mountain RD		CITY Paolden	STATE AZ	ZIP 86334
TREASURER'S MAILING ADDRESS (if different)		CITY	STATE	ZIP
TREASURER'S EMAIL ADDRESS (required) m.p.pouna@gmail.com		TREASURER'S EMPLOYER (required) None		
TREASURER'S PHONE NUMBER (required) 928-636-4228		TREASURER'S OCCUPATION (required) Retired		

BANK OR FINANCIAL INSTITUTION INFORMATION DO NOT LIST ACCOUNT NUMBERS

BANK NAME (required) AZ One Credit Union	ADDITIONAL BANK NAME (if applicable)	ADDITIONAL BANK NAME (if applicable)
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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 x	DATE 1/26/18
TREASURER'S SIGNATURE x	DATE 1-24-18
CANDIDATE'S SIGNATURE (if applicable) x N/A	DATE _____

FOR OFFICE USE ONLY	<input type="checkbox"/> Entered in database	<input type="checkbox"/> Posted to yavapai.us/electionsvr
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