

- Initial Application
  - Amended Application
- Date: \_\_\_\_\_



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

CS-20

COMMITTEE TYPE (choose one):

20 JUN 10 13:21 43

Candidate

Committee Name (required):  
(first or last name & office)

Cherish Sammel: for Kingman City Council

Candidate Information:

Candidate's Name (required):

Cherish Sammel

Candidate's mailing address (required):

[REDACTED]

Candidate's email address (required):

cherish4citycouncil@gmail.com

Candidate's phone number (required):

[REDACTED]

Candidate's website (if any):

N/A

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: Kingman City Council     District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2020

Party Affiliation:

(required for partisan offices)

- Democrat     Green     Libertarian     Republican     Other: \_\_\_\_\_

Political Action Committee (PAC)

Committee Name (required):

(if sponsored, must include sponsor's name)

\_\_\_\_\_

Political Function (optional):  
(select any that apply)

- Contributions     Candidate-Related Independent Expenditures  
 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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(office use only)

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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): \_\_\_\_\_  
Committee's email address (required): Christ4CityCouncil@smad.t  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

Chairperson's Information:

Chairperson's name (required): Christa Sammel  
Chairperson's physical address (required): \_\_\_\_\_  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): Christa4CityCouncil@gmail.com  
Chairperson's phone number (required): \_\_\_\_\_  
Chairperson's employer (required): Pioneer Title Agency  
Chairperson's occupation (required): Asst Manager

Treasurer's Information:

Treasurer's name (required): Christa Sammel  
Treasurer's physical address (required): \_\_\_\_\_  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): Christa4CityCouncil@gmail.com  
Treasurer's phone number (required): \_\_\_\_\_  
Treasurer's employer (required): Pioneer Title Agency  
Treasurer's occupation (required): Asst Manager

Bank or Financial Institution:  
(do not list acct numbers)

Bank name (required): Mission 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: \_\_\_\_\_

Date: 6/10/2020

Treasurer's signature: \_\_\_\_\_

Date: 6/10/2020

Candidate's signature (if applicable): \_\_\_\_\_

Date: 6/10/2020