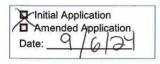




COMMITTEE ID NUMBER (office use only) Q4 004 C55

COMMITTEE TYPE (choose one):

	a siles i alsol Valle Macris I a
Committee Name (required) (first or last name & office)	: Committee to elect Kelly Herrington
Candidate Information:	Candidate's Name (required): Kelly Herrington
	Candidate's mailing address (required):
	Candidate's email address (required): Kelly garrett 1980 a mg/i/ Core
	Candidate's phone number (required): 520-0 780-0843
	Candidate's website (if any):
Office Sought (choose one):	
	□City/Town Office: □District (if applicable):
	School Board Office: CGUHSD District (if applicable):
	□ Special District Board: □ □ □ □ District (if applicable):
Election Cycle for Office Sou	ught (year the election will take place) (required): 2074
Party Affiliation:	= "
(required for partisan offices	
■ Political Action Com Committee Name (required):	mittee (PAC)
(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:	Sponeor's name or pickname (see the d)
(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	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
if applicable)	☐ 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)





COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

/		
	Contact Information:	Committee's mailing address (required): 308 E. W. Neg Way, CG AZ80/3
		Committee's email address (required): Kelly garret 1980@ g.ma.i.com
		Committee's phone number (if any): 520-750-0843
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): Kelly Herring ton
		Chairperson's physical address (required): 308 Ewiley Way (6 AZ8S)
		Chairperson's mailing address (if different):
		Chairperson's email address (required): Kellyg 911e# 1980@g Mg, 1100m
		Chairperson's phone number (required): 520-780-0843
		Chairperson's employer (required): ROX Real Esterte
		Chairperson's occupation (required):
	Treasurer's Information:	Treasurer's name (required): Math Her n ratton
		Treasurer's physical address (required): 308 E. Willy Way CG, AZ85122
		Treasurer's mailing address (if different):
		Treasurer's email address (required): Matt(or rox co, cor)
		Treasurer's phone number (required): 570-130-2200
		Treasurer's employer (required): Rox Ken Estyte
		Treasurer's occupation (required): Reg to
	Bank or Financial Institution:	Bank name (required): Well's targo
	(do not list acct numbers)	Additional bank name (if applicable): Additional bank name (if applicable):
LARA	TION AND SIGNATURES:	
,L/1101	HON AND CICHATOREC.	
/		
	I declare under penalty of per	jury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
	committee and authorize it to	e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's
	campaign finance and reporting	ng 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.	agree to accept all notifications and legal service of process for campaign finance purposes via the email
		Theles And Date: 9-2-24
	Chairperson's signature:	Date:
	Treasurer's signature:	Vact 1- 2 Date: 9-2-24
	Trodouror o digitaturo.	pare.
	Candidate's signature (if appli	icable): Nelly Date: 9-2-74
1		
,		DEATH
		RECEVED
		REGUID
,		REG = V = D SEP 0/6 2024
,		REGUID
		REGIVED SEP 0/6 2024