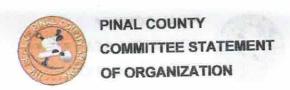
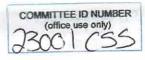
☐ Initial Application
☐ Amended Application
Date: 12/9/24





COMMITTEE TYPE (choose one):

☐ Candidate		
ommittee Name (required): rst or last name & office)		
andidate Information:	Candidate's Name (required):	
	Candidate's mailing address (required):	
	Candidate's email address (required):	
	Candidate's phone number (required):	
	Candidate's website (if any):	
office Sought (choose one):	Candidate's website (if any)	
	□City/Town Office: □District (if applicable):	
	Cohool Board Office: District (if applicable):	
	☐ Special District Board: ☐ ☐District (if applicable):	
v. 1911 - 1912 - 1914 - 1914 - 1914 - 1914		
ection Cycle for Office Sou	ght (year the election will take place) (required):   Republican Other:	
Party Affiliation: required for partisan offices)	Delibuat Dictor	
equireu foi partisari onioco)		
Committee Name (required):	mittee (PAC) Protect Our Progress	
Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)	Protect Our Progress  ☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures  Sponsor's name or nickname (required): Hollace Lyon Sponsor's mailing address (required): 37812 S. Desert Bluff Dr. SaddleBrooke 8573 Sponsor's email address (required): hollacelyon@gmail.com Sponsor's phone number (if any): 520.822.6566 Sponsor's website (if any):	
Committee Name (required): if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:	□ Contributions □ Candidate-Related Independent Expenditures ■ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): Hollace Lyon Sponsor's mailing address (required): 37812 S. Desert Bluff Dr. SaddleBrooke 8573 Sponsor's email address (required): hollacelyon@gmail.com Sponsor's phone number (if any): 520.822.6566 Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	
Committee Name (required): if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)  Special Status	Protect Our Progress  ☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures  Sponsor's name or nickname (required): Hollace Lyon Sponsor's mailing address (required): 37812 S. Desert Bluff Dr. SaddleBrooke 8573 Sponsor's email address (required): hollacelyon@gmail.com Sponsor's phone number (if any): 520.822.6566 Sponsor's website (if any):	
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Committee Name (required): (if sponsored, must include 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)	□ Contributions □ Candidate-Related Independent Expenditures ■ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): Hollace Lyon Sponsor's mailing address (required): 37812 S. Desert Bluff Dr. SaddleBrooke 8573 Sponsor's email address (required): hollacelyon@gmail.com Sponsor's phone number (if any): 520.822.6566 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 application) □ 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	ons only) 4) 004) 23)
ommittee Name (required): f sponsored, must include ponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: If applicable)  Political Party  Committee Name (required (must include party affiliation	□ Contributions □ Candidate-Related Independent Expenditures ■ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): Hollace Lyon Sponsor's mailing address (required): 37812 S. Desert Bluff Dr. SaddleBrooke 8573 Sponsor's email address (required): hollacelyon@gmail.com Sponsor's phone number (if any): 520.822.6566 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 application)  dt): □ State Partn (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)	ons only) 4) 004) 23)

☐ Initial Application ☐ Amended Application Date: 12/9/24



committee in Number (office use only)

## COMMITTEE INFORMATION:

Committee's mailing address (required):  Committee's email address (required):  Committee's phone number (if any):  Committee's website (if any):  Committee's website (if any):  Committee's website (if any):  Chairperson's name (required):  Chairperson's name (required):  Chairperson's mailing address (required):  Chairperson's email address (required):  Chairperson's email address (required):  Chairperson's email address (required):  Chairperson's email address (required):  Chairperson's employer (required):  Chairperson's employer (required):  Chairperson's occupation (required):  Treasurer's Information:  Treasurer's physical address (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 phone number (required):  Treasurer's phone number (required):  Treasurer's email address (required):  Treasurer's email add
Chairperson's Information:  Chairperson's name (required): Hollace Lyon  Chairperson's physical address (required): 37812 S. Desert Bluff Dr. SaddleBrooke 85739  Chairperson's mailing address (if different): Chairperson's email address (required): hollacelyon@gmail.com  Chairperson's phone number (required): 520.822.6566  Chairperson's employer (required): Retired  Chairperson's occupation (required): Allan Lyon  Treasurer's name (required): feetined  Treasurer's mailing address (required): 66116 E. Stoney Ridge Dr SaddleBrooke 85739  Treasurer's email address (required): metamathematics97@yahoo.com  Treasurer's phone number (required): 520.907.6666  Treasurer's employer (required): Retired
Chairperson's Information:  Chairperson's name (required): Hollace Lyon  Chairperson's physical address (required): 37812 S. Desert Bluff Dr. SaddleBrooke 85739  Chairperson's mailing address (if different): Chairperson's email address (required): hollacelyon@gmail.com  Chairperson's phone number (required): 520.822.6566  Chairperson's employer (required): Retired  Chairperson's occupation (required): Allan Lyon  Treasurer's name (required): feetined  Treasurer's mailing address (required): 66116 E. Stoney Ridge Dr SaddleBrooke 85739  Treasurer's email address (required): metamathematics97@yahoo.com  Treasurer's phone number (required): 520.907.6666  Treasurer's employer (required): Retired
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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 mailing address (required):  Treasurer's email address (required):  Treasurer's employer (required):
Chairperson's email address (required):  Chairperson's email address (required):  Chairperson's phone number (required):  Chairperson's phone number (required):  Chairperson's employer (required):  Chairperson's occupation (required):  Treasurer's Information:  Treasurer's name (required):  Allan Lyon  Treasurer's mailing address (required):  Treasurer's mailing address (required):  Treasurer's email address (required):  Treasurer's email address (required):  Treasurer's phone number (required):  520.907.6666  Treasurer's employer (required): Retired
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Chairperson's phone number (required): 520.822.6566  Chairperson's employer (required): Retired  Chairperson's occupation (required): Retired  Treasurer's information: Treasurer's name (required): Allan Lyon  Treasurer's physical address (required): 66116 E. Stoney Ridge Dr SaddleBrooke 85739  Treasurer's email address (if different): metamathematics97@yahoo.com  Treasurer's phone number (required): 520.907.6666  Treasurer's employer (required): Retired
Chairperson's employer (required): Hetired  Chairperson's occupation (required): Retired  Treasurer's Information: Treasurer's name (required): Allan Lyon  Treasurer's physical address (required): 66116 E. Stoney Ridge Dr SaddleBrooke 85739  Treasurer's mailing address (if different): metamathematics97@yahoo.com  Treasurer's phone number (required): 520.907.6666  Treasurer's employer (required): Retired
Chairperson's occupation (required): Retired  Treasurer's Information:  Treasurer's name (required): Allan Lyon  Treasurer's physical address (required): 66116 E. Stoney Ridge Dr SaddleBrooke 85739  Treasurer's mailing address (if different):
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Treasurer's phone number (required): 520.907.6666  Treasurer's employer (required): Retired
Treasurer's employer (required): Hetired
Treasurer's occupation (required): Retired
Bank or Financial Institution: Bank name (required): BMO
(do not list acct numbers) 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 carcommittee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of Scampaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the eaddress(es) provided herein.
Chairperson's signature: 12/3/24
Treasurer's signature: Date: Date: Date: Date: Date: Date:

**RECEIVED** 

JAN 0 9 2025

PINAL COUNTY SCHOOL OFFICE

Arizona Secretary of State Revision 7/29/2021