

Initial Application
 Amended Application
Date: 8/30/24



PINAL COUNTY COMMITTEE STATEMENT OF ORGANIZATION

RECEIVED
COMMITTEE NUMBER: 24002055
AUG 30 2024

PINAL COUNTY SCHOOL OFFICE

COMMITTEE TYPE (choose one):

Candidate

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

Shawnte Rothschild, Citizens for

Candidate Information:

Candidate's Name (required): Shawnte Rothschild
Candidate's mailing address (required): 38057 W. Santa Clara Ave
Candidate's email address (required): Educating4Success maricopa
Candidate's phone number (required): 602-568-8506 85138
Candidate's website (if any): Rothschild4schoolboard.com

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): UD #16 MUSD
Governing Board
- City/Town Office: _____
- District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2024

Party Affiliation:
(required for partisan offices)

- Democrat
 - Green
 - Libertarian
 - Republican
 - Other: _____
- N/A

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)

Initial Application
 Amended Application
Date: 8/30/24



PINAL COUNTY
COMMITTEE STATEMENT
OF ORGANIZATION

RECEIVED
COMMITTEE ID NUMBER
(office use only)
24002CSS

AUG 30 2024

PINAL COUNTY SCHOOL OFFICE

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 38057 W. Santa Clara ^{maricopa} 85138
Committee's email address (required): Educating4Success@gmail.com
Committee's phone number (if any): 602-568-8506
Committee's website (if any): Rothschild4schoolboard.com

Chairperson's Information:

Chairperson's name (required): _____
Chairperson's physical address (required): _____
Chairperson's mailing address (if different): _____
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): Jennifer Hilsbos
Treasurer's physical address (required): 5431 E. Red Bird Ln. STV AZ 85140
Treasurer's mailing address (if different): _____
Treasurer's email address (required): j.e.hilsbos@gmail.com
Treasurer's phone number (required): 480-779-0183
Treasurer's employer (required): Self employed
Treasurer's occupation (required): Builder

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

Bank name (required): Pinal Federal Credit Union
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: _____

Treasurer's signature: [Signature] Date: 8/30/2024

Candidate's signature (if applicable): [Signature] Date: 8/30/24