



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

2017-09

Initial Application
 Amended Application
Date: 4/12/17

COMMITTEE TYPE (choose one):

Candidate

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

'Connie Cantelme for Council'

Candidate Information:

Candidate's Name (required): Constance J Cantelme

Candidate's mailing address (required): 200 S. Washington Ave Prescott 86303

Candidate's email address (required): CKeswick57@yahoo.com

Candidate's phone number (required): 928-533-4421

Candidate's website (if any): ConnieCantelmeForCouncil.net

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: City Council District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2017

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)

N/A

FILED WITH
CITY CLERK

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

Contributions Candidate-Related Independent Expenditures

Ballot Measure Expenditures Recall Expenditures

Date 4-12-17 Hr. 1:40 p. M

Sponsorship Information:
(if applicable)

Sponsor's name or nickname (required): Sign. Ann DeFren

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)

~~Connie Cantelme for Council~~

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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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 206 S. Washington Ave 86303
 Committee's email address (required): CKeswick57@yahoo.com
 Committee's phone number (if any): 928-533-4421
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Sandra Laney
 Chairperson's physical address (required): 6397 E. DEANON ST. PV 86314
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): LANEY12330.YAHOO.COM
 Chairperson's phone number (required): 480-234-5245
 Chairperson's employer (required): RETIRED
 Chairperson's occupation (required): _____

Treasurer's Information: Treasurer's name (required): Bernie DeVries
 Treasurer's physical address (required): 34712 N. 23 Dr 85086
 Treasurer's mailing address (if different): same
 Treasurer's email address (required): raintree237@yahoo.com
 Treasurer's phone number (required): 602 882-8844
 Treasurer's employer (required): Retired
 Treasurer's occupation (required): Retired

Bank or Financial Institution: Bank name (required): Country Bank
 (do not list acct numbers) 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: Sandra Laney Date: 4/12/17
 Treasurer's signature: Bernie DeVries Date: 4/6/17
 Candidate's signature (if applicable): Constance Cantilme Date: 4/6/17