☐ Initial Application
☒ Amended Application
Date: 9/17/18

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)
2019-002

COMMITTEE TYPE (choose one):

☒ **Candidate**

Committee Name (required): (first or last name & office) REELECT STEVE SISCHKA FOR CITY COUNCIL

Candidate Information:
Candidate's Name (required): STEVE SISCHKA
Candidate's mailing address (required): 1045 HYLAND CIRCLE, PRESCOTT, AZ 86303
Candidate's email address (required): SKEEB049@GMAIL.COM
Candidate's phone number (required): 928 710-1664
Candidate's website (if any): —

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): 2019

Party Affiliation: (required for partisan offices)
☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: _____

FILED WITH CITY CLERK
Date 9/17/18 Hr. 3:30 P.M.
Sign. MScott

☐ **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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STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): PO BOX 4062 PRESCOTT, AZ 86302
Committee's email address (required): ELECTSTEVESISCHKA@YAHOO.COM
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): LINDA KIRBY NICHOLS
Chairperson's physical address (required): 2287 SEQUOIA DR, PRESCOTT, AZ 86301
Chairperson's mailing address (if different): _____
Chairperson's email address (required): LKNICHOLS360@YAHOO.COM
Chairperson's phone number (required): 520 780-9713
Chairperson's employer (required): RETIRED
Chairperson's occupation (required): TRAINING & DEVELOPMENT

Treasurer's Information:
Treasurer's name (required): ANN BRECHWALD
Treasurer's physical address (required): 2147 W. POST OAK DR, PRESCOTT, AZ 86305
Treasurer's mailing address (if different): _____
Treasurer's email address (required): ANNBRECHWALD@MSN.COM
Treasurer's phone number (required): 928 775-7518
Treasurer's employer (required): RETIRED
Treasurer's occupation (required): RETIRED

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): COUNTRY 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: Linda Nichols Date: 9/17/18

Treasurer's signature: Ann Brechwald Date: 9/17/18

Candidate's signature (if applicable): [illegible] Date: 9/17/18

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☐ Amended Application
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2019-002

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☒ **Candidate**

Committee Name (required) (first or last name & office): REELECT STEVE SISCHKA FOR CITY COUNCIL

Candidate Information:
Candidate's Name (required): STEVE SISCHKA
Candidate's mailing address (required): 1045 HYLAND CR, PRESCOTT, AZ. 86303
Candidate's email address (required): skeeb049@gmail.com
Candidate's phone number (required): 928-710-1864
Candidate's website (if any): —

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): 2019

Party Affiliation: (required for partisan offices) ☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: ____

FILED WITH CITY CLERK
Date 9/10/18 Hr. 3:50 PM
Sign. M Scott

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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)
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Sponsor's mailing address (required): ____
Sponsor's email address (required): ____
Sponsor's phone number (if any): ____
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Committee's phone number (if any): —
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Chairperson's mailing address (if different): —
Chairperson's email address (required): LKNICHOLS360@YAHOO.COM
Chairperson's phone number (required): (520) 780-9713
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Chairperson's occupation (required): TRAINING & DEVELOPMENT

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Treasurer's name (required): ANN BRECHWALD
Treasurer's physical address (required): 2147 W. POST OAK DRIVE PRESCOTT, AZ 86305
Treasurer's mailing address (if different): —
Treasurer's email address (required): ANNBRECHWALD@MSN.COM
Treasurer's phone number (required): (928) 775-7518
Treasurer's employer (required): RETIRED
Treasurer's occupation (required): RETIRED

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): NATIONAL BANK OF ARIZONA
Additional bank name (ifapplicable):
Additional bank name (if applicable):

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Chairperson's signature: Linda K. Nichols Date: 9/10/18
Treasurer's signature: Ann Brechwald Date: 9-10-18
Candidate's signature (if applicable): [illegible] Date: 9/10/18