

Initial Application  
 Amended Application  
 Date: \_\_\_\_\_



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

COMMITTEE TYPE (choose one):

**Candidate**

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

Kelly Gemmel City Council Elections Committee

Candidate Information:

Candidate's Name (required):

Kelly Gemmel

Candidate's mailing address (required):

P.O. Box 1161 Apache Junction AZ 85177

Candidate's email address (required):

kelly.gemmel114@gmail.com

Candidate's phone number (required):

480 570 5259

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 Council Member     District (if applicable): \_\_\_\_\_

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

2020

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)

\_\_\_\_\_

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: \_\_\_\_\_



**STATE OF ARIZONA**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
Comm #20-09

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): P.O. Box 1161 AJ, Az 85117  
 Committee's email address (required): kellygremmel114@gmail.com  
 Committee's phone number (if any): 480-570-5259  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Kelly Gremmel  
 Chairperson's physical address (required): 114 W. Shoketree St. AJ, Az 85120  
 Chairperson's mailing address (if different): P.O. Box 1161 AJ, Az 85117  
 Chairperson's email address (required): kellygremmel114@gmail.com  
 Chairperson's phone number (required): 480-570-5259  
 Chairperson's employer (required): retired  
 Chairperson's occupation (required): retired

**Treasurer's Information:** Treasurer's name (required): Kelly Gremmel  
 Treasurer's physical address (required): 114 W. Shoketree St. AJ, Az 85120  
 Treasurer's mailing address (if different): PO Box 1161 AJ, Az 85117  
 Treasurer's email address (required): kellygremmel114@gmail.com  
 Treasurer's phone number (required): 480-570-5259  
 Treasurer's employer (required): retired  
 Treasurer's occupation (required): retired

**Bank or Financial Institution:** Bank name (required): Bank of America  
 (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: [Signature] Date: 2/10/2020

Treasurer's signature: [Signature] Date: 2/10/2020

Candidate's signature (if applicable): [Signature] Date: 2/10/2020

RECEIVED  
 CITY CLERK DEPT.  
 2020 FEB 10 PM 4:20  
 CITY OF APACHE JUNCTION