

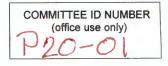


committee in Number (office use only)

COMMITTEE TYPE (choose one):

Committee Name (required): (first or last name & office)	Micah Powell for Mayor	
Candidate Information:	Candidate's Name (required): MICAN POWELL Candidate's mailing address (required): 3940 Nr MoNARCH Dr. Elog. Az 8513 Candidate's email address (required): MICAN POWELL & GMAIL. COM Candidate's phone number (required): 520-450-0401	
Office Sought (choose one):	Candidate's website (if any): ☐ 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): ☐	
	District (if applicable):	
Election Cycle for Office Sou	ant (Veat the election will take blace) (regulired):	
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:	
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	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures	
select any that apply)		
Political Function (optional): (select any that apply) Sponsorship Information: (if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):	
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select any that apply) Sponsorship Information: if applicable) Special Status	□ Ballot Measure Expenditures □ Recall Expenditures 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): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	
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select any that apply) Sponsorship Information: if applicable) Special Status (if applicable) Political Party Committee Name (required):	□ Ballot Measure Expenditures □ Recall Expenditures 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): □ 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)	





COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 3940 N. MONAICH OF Eloy Az 85/3/
	Committee's email address (required): MIC4h Por MAYOF 2020 C SMAIL. COM
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): Micah Powell
	Chairperson's physical address (required): 3940 N. Monmich Or. Eloy, Az 85/3/
	Chairperson's mailing address (if different):
	Chairperson's email address (required): MICGh POWEII e gmail. Com
	Chairperson's phone number (required): 520-450-040/
	Chairperson's employer (required): PINAL COUNTY
	Chairperson's occupation (required): Medicolegal Darth Investigator
Treasurer's Information:	Treasurer's name (required): Micah Powell
	Treasurer's physical address (required): 3940 Nr Monarch Or. E/oy, Az 85/3/
	Treasurer's mailing address (if different):
	Treasurer's email address (required): Mich Piwck e gm Ail. Com
	Treasurer's phone number (required): 520-450-040
	Treasurer's employer (required): PINAL County
	Treasurer's occupation (required): Medicolegal Death Investigator
Bank or Financial Institution:	Bank name (required): Great Western BANK
(do not list acct numbers)	Additional bank name (ifapplicable):
	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: 11/14/19

Treasurer's signature:

Date: WILA 119

Candidate's signature (if applicable):

Date: 12 19 119

2019 NOV 19 PM 1: 20

BECEINED CLERK