

Special Status (if applicable)



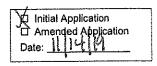
COMMITTEE ID NUMBER (office use only)

PC19-008

☐ Candidate	NOV .
Committee Name (required): irst or last name & office)	Friends of Leah Martineau BY:
Candidate Information:	Candidate's Name (required): Leah Martineau Candidate's mailing address (required): 21783 E Estrella QC Candidate's email address (required): voteleahmartineau @ gm Candidate's phone number (required): 480 - 343 - 1489
	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):
	DCity/Town Office: Council member District (if applicable):
	Int (year the election will take place) (required):
Party Affiliation: required for partisan offices)	☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other:
C Political Action Comp	nittee (PAC)
if sponsored, must include sponsor's name)	nittee (PAC)
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional):	nittee (PAC)
Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional): select any that apply) Sponsorship Information:	nittee (PAC) Contributions Candidate-Related Independent Expenditures
☐ Political Action Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable)	nittee (PAC) Contributions Candidate-Related Independent Expenditures 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):
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable)	nittee (PAC) □ Contributions □ Candidate-Related Independent Expenditures □ 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)
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	nittee (PAC) □ Contributions □ Candidate-Related Independent Expenditures □ 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)

☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

☐ Standing Committee (must also complete separate standing committee registration)





COMMITTEE ID NUMBER (office use only) PC19-008

COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): 31783 E Estvella QC 85142
/		Committee's email address (required): Voteleahmartineau@gmail
		Committee's phone number (if any):
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): Leah Martineau
		Chairperson's physical address (required): 21783 E 5trella QC 85142
		Chairperson's mailing address (if different):
		Chairperson's email address (required): Voteleahmartineau @ amail cars
		Chairperson's phone number (required): 49 343 1489
		Chairperson's employer (required): East Vallay High Sched
		Chairperson's occupation (required): +ee, ex-
	Treasurer's Information:	Treasurer's name (required): Shown Martineau
		Treasurer's physical address (required): 21783 E ESWELLA
		Treasurer's mailing address (if different):
		Treasurer's email address (required): Shaummartineau @ Notmail am
		Treasurer's phone number (required):
		Treasurer's employer (required): Set femplased
		Treasurer's occupation (required): VIAPO a gray Nov
\	Bank or Financial Institution:	Bank name (required): BMO Hacres Bank
	(do not list acct numbers)	Additional bank name (ifapplicable):
		Additional bank name (if applicable):
DECLARAT	TION AND SIGNATURES:	
/		
	chairperson or treasurer of the committee and authorize it to	giury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email
	Chairperson's signature:	Date: 11 (3) 19
	Treasurer's signature:	Date: 11/13/19
	Candidate's signature (if appl	licable): Date: 111319