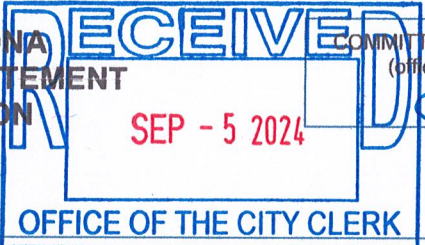


Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION



COMMITTEE ID NUMBER
 (office use only)
 2024-5

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Wilcox for City Council
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Diana Wilcox
 Candidate's mailing address (required): 4569 Calle Cibola SVAZ 85635
 Candidate's email address (required): wilcox4569@msn.com
 Candidate's phone number (required): (320) 249-1137
 Candidate's website (if any): _____

Office Sought (choose one):

County Office: _____ District (if applicable): _____
 City/Town Office: City Council District (if applicable): _____
 School Board Office: _____ District (if applicable): _____
 Special District Board: _____ District (if applicable): _____

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

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

Political Action Committee (PAC)

Committee Name (required): _____
 (if sponsored, must include sponsor's name)

Political Function (optional): Contributions Candidate-Related Independent Expenditures
 (select any that apply) 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)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 4569 Calle Cibola S.V. AZ 85635
Committee's email address (required): wilcox4569@msn.com
Committee's phone number (if any): (520) 249-1137
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Barbara Wirsching
Chairperson's physical address (required): 2759 Latigo Way S.V. AZ 85650
Chairperson's mailing address (if different): _____
Chairperson's email address (required): bcs.wasey@gmail.com
Chairperson's phone number (required): (520) (678) 3001
Chairperson's employer (required): retired
Chairperson's occupation (required): retired

Treasurer's Information: Treasurer's name (required): RENEE FARKAS
Treasurer's physical address (required): 430 MESA VERDE DR.
Treasurer's mailing address (if different): _____
Treasurer's email address (required): WORDSFROMRENEE@GMAIL
Treasurer's phone number (required): 520.459.1779
Treasurer's employer (required): SELF EMPLOYED - SAFE WEST DEVELOPMENT
Treasurer's occupation (required): CUSTOM HOMES

Bank or Financial Institution: Bank name (required): Wells Fargo
(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: Barbara Wirsching Date: 5 Sept 2024

Treasurer's signature: Renee Farkas Date: 4 SEPT 2024

Candidate's signature (if applicable): _____ Date: 5-Sept 2024