



COMMITTEE ID NUMBER (office use only)

Can 24-02

Candidate	a blea he as a connect C flower
Committee Name (required) (first or last name & office)	
Candidate Information:	Candidate's Name (required) CHARLES G. GERMAN
	Candidate's mailing address (required) P.O. Box 327 Camp Verde, AZ 86722
	Candidate's email address (required) Casket+3@gmail.com
	Candidate's phone number (required) 428-963-4432
	Candidate's website (if any)
Difice Sought (choose one):	Chiefet El annicoblet
	#City/Town Office MAYDQ District (if applicable):
	School Board Office: District (if applicable):
	☐ Special District Board. ☐ ☐ District (if applicable):
Election Cycle for Office Sou	ight (year the election will take place) (required)
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
Committee Name (required) (if sponsored, must include sponsor's name)	U Contributions Candidate-Related Independent Expenditures
Committee Name (required) (if sponsored, must include sponsor's name) Political Function (optional) (select any that apply) Sponsorship Information (if applicable)	N.A.
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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) Political Party Committee Name (required) (must include party afficiation	U 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) State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
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Committee Name (required) if sponsored, must include sponsor's name) Political Function (optional) select any that apply) Sponsorship Information if applicable) Decial Status if applicable) Political Party Committee Name (required) must include party affisiation	U 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) □ State Party (must include proof of qualification pursuant to A.R.S. § 18-801 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 18-802 or § 16-804)

Arizona Secretary of State Revision 7/29/2021





Initial Application
Amended Application
Date: 4/24/2024



COMMITTEE ID NUMBER (office use only)

CAN 24-02

COMMITTEE INFORMATION:

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	Contact Information:	Committee's mailing address (required): Candidate Committee to Elect German Sor Mityon
		Committee's email address (required): P.O. Box 327, Camp Verde, Az 86322
		Committee's phone number (if any): 929 - 963 - 4432
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): CHARLES C. GERMAN
	Official Control of the Control of t	Chairperson's physical address (required): 1167 S. McCracken Lane Cump Verde 86322
		Chairperson's mailing address (if different):
		Chairperson's email address (required): Casket43@gmail.com
		Chairperson's phone number (required): 928-963-4432
		Chairperson's employer (required):
		Chairperson's occupation (required): Retired Educator
	Treasurer's Information:	Treasurer's name (required): Charles C. GERMAN
		Treasurer's physical address (required): 116.7 5, McCracken Ln. Camplerde 86322
		Treasurer's mailing address (if different):
		Treasurer's email address (required): Casket 43@g mail. Con
		Treasurer's phone number (required): 928-963
		Treasurer's employer (required):
		Treasurer's occupation (required): Refired Educator
	Bank or Financial Institution:	Bank name (required): CHASE BANK - Camp. VEADE
	(do not #st acct numbers)	Additional bank name (if applicable):
	120 Hot art aret Hallacing	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:

· Charles man

Date: 4/24/2024

Treasurer's signature

- leharted eman

Date: 4/24/2024

Candidate's signature (if applicable):

Date: 4/24/2024

Arizona Secretary of State Revision 7/28/21