

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
2018-05-C

COMMITTEE TYPE (choose one):

Candidate

Committee for
 Committee Name (required): Dalia Zimmerman for Sahuarita Town Council
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Dalia Zimmerman

Candidate's mailing address (required): 267 West Vuelta Friso

Candidate's email address (required): dalia.clark.zimmerman@gmail.com

Candidate's phone number (required): 767-517-0232

Candidate's website (if any): www.daliazimmerman.com

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: Town Council District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2018

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

AM1059 05/03/18 TOS/Clark

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: Sponsor's name or nickname (required): _____
 (if applicable) Sponsor's mailing address (required): _____
 Sponsor's email address (required): _____
 Sponsor's phone number (if any): _____
 Sponsor's website (if any): _____

Special Status Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
 (if applicable) 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 Standing Committee (must also complete separate standing committee registration)
 (if applicable)

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COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 267 West Vuelta Friso Sahuarita AZ 85629
 Committee's email address (required): dalia.clark.zimmerman@gmail.com
 Committee's phone number (if any): 717-517-0232
 Committee's website (if any): www.daliazimmerman.com

Chairperson's Information:

Chairperson's name (required): Heidi Short
 Chairperson's physical address (required): 13934 S. Camino Los Picos
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): heidi_short76@yahoo.com
 Chairperson's phone number (required): 520-850-3507
 Chairperson's employer (required): _____
 Chairperson's occupation (required): stay at home mom

Treasurer's Information:

Treasurer's name (required): Dalia Zimmerman
 Treasurer's physical address (required): 267 West Vuelta Friso
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): dalia.clark.zimmerman@gmail.com
 Treasurer's phone number (required): 717-517-0232
 Treasurer's employer (required): _____
 Treasurer's occupation (required): stay at home mom

Bank or Financial Institution:
(do not list acct numbers)

Bank name (required): wells fargo
 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: Heidi Short Date: 5/3/18

Treasurer's signature: Dalia Zimmerman Date: 5-3-18

Candidate's signature (if applicable): Dalia Zimmerman Date: 5-3-18