☐ Initial Application

A Amended Application

Date: 9102/2020



COMMITTEE ID NUMBER
(office use only)

COMMITTEE TYPE (choose one):

Candidate	JOHN Hughes Mayor
Committee Name (required): first or last name & office)	JOHN MOTIES JOHN ISE
Candidate Information:	Candidate's Name (required):
	Candidate's mailing address (required): PSP 1878
	Candidate's email address (required): Hughes 4 Mayor 2 guail. a
	Candidate's phone number (required): 928 113 6593
	Candidate's website (if any):
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: MAYSR District (if applicable): 2
lection Cycle for Office Soug	aht (year the election will take place) (required):
arty Affiliation: equired for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
f sponsored, must include	JOHN HUTHES FOR MAYOR D-H
f sponsored, must include consor's name)	
f sponsored, must include consor's name) colitical Function (optional):	☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
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f sponsored, must include ponsor's name) colitical Function (optional): select any that apply) sponsorship Information: f applicable) pecial Status f applicable) Political Party committee Name (required): must include party affiliation)	© Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures ☐ Sponsor's name or nickname (required):
if sponsored, must include ponsor's name) Political Function (optional): select any that apply) Sponsorship Information: f applicable) Special Status f applicable)	© 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) ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

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COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): YSBS 1828 VEWEY AZB0377
	Committee's email address (required): HugHES Y MAYOR 2 qual 1. LOW
	Committee's phone number (if any): 928 848 8717
	Committee's website (if any):
Chairperson's Information:	, , , , , , , , , , , , , , , , , , , ,
	Chairperson's physical address (required): 938 S FOOTHILL DR DEWEY 8637
	Chairperson's mailing address (if different): 16 Ber 1828 Overy 84321
	Chairperson's email address (required): Hughes H MAYOR a Smail. www
	Chairperson's phone number (required): 928 713 8593
	Chairperson's employer (required): 3 ST NORTHSEN ARIZONA CONSTRUCTION CONSTRUCTION
	Chairperson's occupation (required): CONSTENCT ON CONSCITANT
Treasurer's Information:	Treasurer's name (required):
	Treasurer's physical address (required): 938 S FOOTHILL DE DEWEY 64327
	Treasurer's mailing address (if different): Policy 1828 Ducy 86321
	Treasurer's email address (required): Catienumes 1 2 guail. Com
	Treasurer's phone number (required): 978 848 8717
	Treasurer's employer (required): KEWER WILLANS KEATY BITMEN
	Treasurer's occupation (required):
Bank or Financial Institution:	7: Bank name (required): BANK OF AMSCLOS PV
(do not list acct numbers)	Additional bank name (ifapplicable):
	Additional bank name (if applicable):
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_ARATION AND SIGNATURES:	
	erjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
	the committee named herein, if applicable; (2) designate the above-named committee as my official candidate to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's
	rting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.
address(es) provided hereir	5) agree to accept all notifications and legal service of process for campaign finance purposes via the email n.
	0111
Chairperson's signature:	Date: 8/30/2020
	A
Treasurer's signature:	Date: 850-2020
Candidata's signature (15 cm	Manu # 20130/2020
Candidate's signature (if ap	plicable): Date: Date:

Dewey-Humboldt

SEP -2 2020

N:02 a.m.
Received
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