☐ Initial Application
☐ Amended Application
Date: 02/14/2023



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION FILED WITH CITY CLERK

COMMITTEE ID NUMBER (office use only)

23.005

Date 2|4|23 Hr 3:00 Pm Sign SMA

COMMITTEE TYPE (choose one):

ommittee Name (required): rst or last name & office)	Lois for Prescott			
Candidate Information:	Candidate's Name (required): Lois Fruhwirth			
	Candidate's mailing address (required):			
	Candidate's email address (required):			
	Candidate's phone number (required):			
	Candidate's website (if any): LoisforPrescott.com			
	☑City/Town Office: Prescott City Council ☐District (if applicable):			
	School Board Office: District (if applicable):			
Election Cycle for Office Sou	aght (year the election will take place) (required): 2023			
Party Affiliation: required for partisan offices)	☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other:			
☐ Political Action Comi Committee Name (required): (if sponsored, must include sponsor's name)	mittee (PAC)			
,				
Delitical Function (entional):	Contributions Condidate Polated Independent Expanditures			
	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Recall Expenditures			
	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures			
select any that apply)				
select any that apply) Sponsorship Information:	☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required):			
select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □			
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Political Function (optional): (select any that apply) Sponsorship Information: (if applicable)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):			
select any that apply) Sponsorship Information: if applicable) Special Status	□ 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			
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COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):
	Committee's email address (required):
	Committee's phone number (if any):
	Committee's website (if any): LoisforPrescott.com
Chairperson's Information:	Chairperson's name (required): Lois Fruhwirth
	Chairperson's physical address (required):
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required): None
	Chairperson's occupation (required): Retired
Treasurer's Information:	Treasurer's name (required): Kelli Woods
	Treasurer's physical address (required):
	Treasurer's mailing address (if different):
	Treasurer's email address (required):
	Treasurer's phone number (required)
	Treasurer's employer (required): 2KSINIVV, LLC
	Treasurer's occupation (required): Business Owner
Bank or Financial Institution:	Bank name (required): Foothills Bank, 800 Miller Valley Rd, Prescott, AZ 86301
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):

DECLARATION AND SIGNATURES:

	(applicar) applicas paliticas e to-2 us	a The Cincoln
declare under penalty of perjury that the foregoing information is true a hairperson or treasurer of the committee named herein, if applicable; (ommittee and authorize it to receive/make contributions/expenditures ampaign finance and reporting guide; (4) agree to comply with Arizona § 16-901 to 16-938; and (5) agree to accept all notifications and legal ddress(es) provided herein.	(2) designate the above-named committe on my behalf, if applicable; (3) have read a election law, including campaign financ service of process for campaign finance	e as my official candidate the Secretary of State's e laws codified at A.R.S.
hairperson's signature: Mis M. Fmhwirth	Date: 02/14/2023	-
reasurer's signature:	Date: 02/14/2023	-
Candidate's signature (if applicable):	Date: 02/14/2023	rgrea i factivação (). Les contratos como apparator o