



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

25-009

- Initial Application  
 Amended Application  
Date: \_\_\_\_\_

FILED WITH CITY CLERK  
Date 3-11-25 Hr 1:55P M  
Sign [Signature]

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): KABEL FOR COUNCIL  
(first or last name & office)

Candidate Information: Candidate's Name (required): MICHAEL KABEL  
Candidate's mailing address (required): [REDACTED]  
Candidate's email address (required): MKABEL@HOTMAIL.COM  
Candidate's phone number (required): 928-925-2915  
Candidate's website (if any): \_\_\_\_\_

PRESCOTT  
AZ 86306

Office Sought (choose one):  County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_  
 City/Town Office: PRESCOTT 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): 2025

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: 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 (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)



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Date: \_\_\_\_\_

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): [REDACTED] <sup>86201</sup> <sub>PERSCOTT AZ</sub>  
 Committee's email address (required): MKABEL@HOTMAIL.COM  
 Committee's phone number (if any): 928-925-2915  
 Committee's website (if any): MKABEL@HOTMAIL.COM

Chairperson's Information:

Chairperson's name (required): LUCY MASON  
 Chairperson's physical address (required): [REDACTED]  
 Chairperson's mailing address (if different): [REDACTED]  
 Chairperson's email address (required): [REDACTED]  
 Chairperson's phone number (required): [REDACTED]  
 Chairperson's employer (required): RETIRED  
 Chairperson's occupation (required): POLITICIAN - RETIRED

Treasurer's Information:

Treasurer's name (required): MICHAEL KABREL  
 Treasurer's physical address (required): [REDACTED] <sup>PERSCOTT AZ</sup> <sub>86301</sub>  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): MKABEL@HOTMAIL.COM  
 Treasurer's phone number (required): 928-925-2915  
 Treasurer's employer (required): RETIRED  
 Treasurer's occupation (required): LAW ENFORCEMENT RETIRED

Bank or Financial Institution:

(do not list acct numbers)

Bank name (required): BMO  
 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: [Signature] Date: 3/10/25  
 Treasurer's signature: [Signature] Date: 3-10-25  
 Candidate's signature (if applicable): [Signature] Date: 3-10-25