☐ Initial Application ☐ Amended Application Date: 5/2/2023



COMMITTEE ID NUMBER (office use only)
PAC-19-16

COMMITTEE TYPE (choose one):

• ''' • ''	
Committee Name (required): (first or last name & office)	
Candidate Information:	Candidate's Name (required):
	Candidate's mailing address (required):
	Candidate's email address (required):
	Candidate's phone number (required):
	Candidate's website (if any):
Office Sought:	☐City Office:
	District:
Political Action Comr	nittee (PAC)
Committee Name (required):	
Political Action Comr Committee Name (required): (if sponsored, must include sponsor's name)	
Committee Name (required): (if sponsored, must include	
Committee Name (required): (if sponsored, must include sponsor's name)	Invest in Phx
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional):	Invest in Phx ☐ Contributions ☐ Candidate-Related Independent Expenditures
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply)	Invest in Phx □ Contributions □ Candidate-Related Independent Expenditures ■ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	Invest in Phx □ 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):
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	Invest in Phx □ Contributions □ Candidate-Related Independent Expenditures ■ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):
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COMMITTEE ID NUMBER (office use only)

PAC-19-16

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 530 E. McDowell Rd 107-489, Phoenix AZ 8500
	Committee's email address (required): pasqualeluz@gmail.com
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): Kesha Hodge Washington
	Chairperson's physical address (required): PO Box 620, Laveen AZ 85339
	Chairperson's mailing address (if different): PO Box 620, Laveen AZ 85339
	Chairperson's email address (required): kesha@keshaforphoenix.com
	Chairperson's phone number (required): (602)214-5059
	Chairperson's employer (required): City of Phoenix
	Chairperson's occupation (required): Councilmember
Treasurer's Information:	Treasurer's name (required): Kevin Kirchmeier
	Treasurer's physical address (required): 2946 N 14th Street Unit 19, Phoenix AZ 8501
	Treasurer's mailing address (if different): 2946 N 14th Street Unit 19, Phoenix AZ 8501
	Treasurer's email address (required): Kevin@KateGallego.com
	Treasurer's phone number (required): (760)212-7326
	Treasurer's employer (required): Kate Gallego for Phoenix Mayor
	Treasurer's occupation (required): Campaign Manager
Bank or Financial Institution:	Bank name (required): Alliance Bank of Arizona
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):

DECLARATION AND SIGNATURES:

	I declare under penalty of perjury that the foregoing information chairperson or treasurer of the committee named herein, if approximate and authorize it to receive/make contributions/expercampaign finance and reporting guide; (4) agree to comply with \$\\$ 16-901 to 16-938; and (5) agree to accept all-netifications as	plicable; (2) designate the above-named inditures on my behalf, if applicable; (3) th Arizona election law, including campa	committee as my off have read the Secret ion finance laws codi	icial candidat ary of State's fied at A.R.S	
ucing an Joh	address(es) provided herein. Chairperson's signature: Treasurer's signature:	Date: 5/1		ia uie elliali	
	Candidate's signature (if applicable):	Date:			動 症。
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