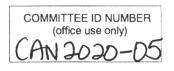
☐ Initial Application
☐ Amended Application
Date: 07/05/2017





COMMITTEE TYPE (choose one):

2017 JUL -5 PM 4: 14

Candidate	
Committee Name (required):	RYAN WINKLE FOR NEXT
(first or last name & office)	
Candidate Information:	Candidate's Name (required): RYAN WINKUE
	Candidate's mailing address (required): 911 W JACINTO CIM
	Candidate's email address (required): PYAN. D. WINKLE @ GNAIL
	Candidate's phone number (required): 62 741 6465
	Candidate's website (if any): WWW. WINKUE FOR MENS. CM
Office Sought (choose one):	□ Governor □ Secretary of State □ Attorney General □ State Treasurer □ Superintendent of Public Instruction □ State Mine Inspector □ Corporation Commissione
	☐ State Senate ☐ State House of Representatives ☐ District (required):
	□ County Office: □ □ District (if applicable): □
	City/Town Office:
Floation Cycle for Office Co.	
•	ight (year the election will take place) (required).
Party Affiliation: (required for partisan offices	☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other:
(if sponsored, must include sponsor's name)	Contributions Contribute Poleted Independent Control in the
Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ 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	
☐ 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)





COMMITTEE ID NUMBER (office use only)

CAN 2020-05

COMMITTEE INFORMATION:

	Committee's mailing address (required): 911 W J4CIND CLW
	Committee's email address (required): _ PYAN. D. WINKLE @ UNALLO.
	Committee's phone number (if any): 622741 6465
	Committee's website (if any): WINKUE FOLMEM. CM
Chairperson's Information:	Chairperson's name (required):
	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):
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required):
	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):
	Treasurer's occupation (required):
Bank or Financial Institution: (do not list acct numbers)	Bank name (required):
	Additional bank name (if applicable):
(do not list acct numbers)	
do not list acct numbers)	Additional bank name (if applicable):
ON AND SIGNATURES: I declare under penalty of perichairperson or treasurer of the committee and authorize it to campaign finance and reportir	jury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candi receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of Stang guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.F.
ON AND SIGNATURES: I declare under penalty of perichairperson or treasurer of the committee and authorize it to campaign finance and reportings 16-901 to 16-938; and (5) and (5) and (5) and (5) are considered.	jury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candi receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of Stang guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.F agree to accept all notifications and legal service of process for campaign finance purposes via the emain service.
ON AND SIGNATURES: I declare under penalty of perichairperson or treasurer of the committee and authorize it to campaign finance and reportings 16-901 to 16-938; and (5) address(es) provided herein. Chairperson's signature:	jury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candi receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of Staing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.F agree to accept all notifications and legal service of process for campaign finance purposes via the emails.