

- Initial Application
 - Amended Application
- Date: _____



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
CAN2024-12

COMMITTEE TYPE (choose one):

RECEIVED
By Lisa Anderson at 7:33 am, Apr 08, 2024

Candidate

Committee Name (required): Winkle For Mesa
(first or last name & office)

Candidate Information: Candidate's Name (required): Ryan Winkle
Candidate's mailing address (required): 911 w jacinto circle, Mesa, Az 85210
Candidate's email address (required): Ryan@winkleformesa.com
Candidate's phone number (required): 6027416465
Candidate's website (if any): www.WinkleForMesa.com

Office Sought (choose one): County Office: _____ District (if applicable): _____
 City/Town Office: Mayor District (if applicable): City Of Mesa
 School Board Office: _____ District (if applicable): _____
 Special District Board: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2024

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: 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

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: Standing Committee (must also complete separate standing committee registration)
(if applicable)

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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 911 W Jacinto Circle, Mesa, Az 85210
Committee's email address (required): ryan@winkleformesa.com
Committee's phone number (if any): 6027416465
Committee's website (if any): www.winkleformesa.com

Chairperson's Information: Chairperson's name (required): Paula Kenney
Chairperson's physical address (required): 10260 E capri ave. Mesa, 85208
Chairperson's mailing address (if different): _____
Chairperson's email address (required): Jrpckenney@aol.com
Chairperson's phone number (required): 4803542173
Chairperson's employer (required): Retired
Chairperson's occupation (required): Retired

Treasurer's Information: Treasurer's name (required): Barbara Rae
Treasurer's physical address (required): 2418 N Val Vista Rd, Apache Junction, Az 85119
Treasurer's mailing address (if different): _____
Treasurer's email address (required): bjrae3@gmail.com
Treasurer's phone number (required): 5415201665
Treasurer's employer (required): Retired
Treasurer's occupation (required): Retired

Bank or Financial Institution: Bank name (required): US BANK
(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 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:  Date: April 5, 2024

Treasurer's signature:  Date: April 5, 2024

Candidate's signature (if applicable):  Date: April 5, 2024