



City of Phoenix

**NOTICE OF CANDIDACY
AND REQUEST FOR CANDIDATE'S INFORMATION**

**COUNCIL ELECTION
AUGUST 29, 2017**

I hereby notify the City Clerk that I, _____,
am a resident of the City of Phoenix and I submit this notice of candidacy for the following
office.

Council Member, District No. _____

I understand that at the time of my nomination and through the term of my office, I must be a resident of this district. In accordance with my candidacy, I hereby request that I receive all documents, forms and information provided by the City of Phoenix to candidates for the office I am seeking. I understand that a copy of my completed form will be available to the public and will be posted on the internet at phoenix.gov.

Candidate's Signature

Phone

Date

Candidate's Mailing Address

E-mail Address

Website Address

Materials provided by the City of Phoenix are intended to assist in meeting the requirements of candidacy; however, it is the candidate's responsibility to see that all legal requirements have been met. Therefore, all candidates should familiarize themselves with those requirements and should seek legal counsel, if necessary, regarding questions about candidate requirements or qualifications.

c: City Manager's Office



City of Phoenix

**NOTICE TO ALL CANDIDATES – ELECTIONEERING
COUNCIL ELECTION – AUGUST 29, 2017**

Please note that electioneering is prohibited at all polling locations, including all early voting locations. Electioneering means any verbal activity that can reasonably be interpreted as an attempt to persuade or influence a person to vote for or against any candidate or ballot measure. Please inform your campaign staff of these requirements to ensure that none of your staff is in violation. It is imperative you comply with City Code requirements as well as with each facility's policy.

City Code § 12-511. Electioneering prohibited; notice

- (a) There shall be no electioneering within seventy-five feet of the entrance of a voting center while the polls are open, or while any person entitled to vote is voting or is in line to vote.
- (b) A notice shall be posted in conjunction with each seventy-five foot limit sign to read as follows: "No Electioneering within 75 feet of this voting center."
- (c) There shall be no electioneering within 75 feet of any area where the City Clerk makes early or accessible voting available, or at any mail ballot receiving or voter assistance location.
- (d) This section does not authorize any person or organization to post any political sign in the public right-of-way or on City property or on private property without consent of the owner. This section also does not authorize any person or organization to post any political sign in the public right-of-way outside of the posting period allowed by State Law.

Acknowledged by:

Print Name

Signature

Date

TO BE FILED NO LATER THAN WITH THE CANDIDATE'S NOMINATION PAPERS

NOMINATION PETITION FOR CITY COUNCIL MEMBER

I, the undersigned, a qualified elector residing within District ____ of the City of Phoenix, Arizona, hereby join in a petition for the nomination of _____, who resides at _____ in the City of Phoenix, Arizona, for the office of City Council Member from District ____, to be voted for at the municipal election to be held in the City of Phoenix, on the ____ day of _____, 20____, and I hereby affirm that I am qualified to vote for this office, that I have not signed and will not sign a petition nominating any other candidate for the above named office, and that my actual residence is as set opposite my name below. I further declare that if I choose to use a Post Office Box address on this petition, my residence address has not changed since I last reported it to the County Recorder for purposes of updating my voter registration file.

SIGNATURE	PRINTED NAME	ACTUAL RESIDENCE ADDRESS, DESCRIPTION OF PLACE OF RESIDENCE, OR ARIZONA POST OFFICE BOX ADDRESS	CITY OR TOWN & ZIP CODE	DATE SIGNED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

CERTIFICATE

I, the undersigned, a person who is not required to be a resident of this state but who is otherwise qualified to register to vote in the State of Arizona, do hereby certify that each of the signatures appearing on this petition sheet was signed in my presence on the date indicated and that to the best of my knowledge and belief all the signers of this nomination petition are qualified electors of the Council District the candidate named on this petition seeks to represent.

Circulator's signature

Circulator's printed name

Circulator's actual residence address or description of place of residence

PETICIÓN DE NOMBRAMIENTO PARA MIEMBRO DEL CONCEJO MUNICIPAL

Yo, el que firma abajo, soy un elector calificado que reside dentro del distrito _____ de la municipalidad de Phoenix, Arizona, y por medio de la presente me uno a la petición para el nombramiento de _____, que reside en el _____ en la municipalidad de Phoenix, Arizona, para el puesto de miembro del Concejo Municipal del distrito número _____ por el cual se votará en las elecciones municipales a verificarse en la municipalidad de Phoenix, el día _____ de _____, 20_____, y por la presente afirmo que estoy calificado para votar por este puesto, que no he firmado y que no firmaré una petición nombrando a ningún otro candidato para el puesto mencionado arriba, y que mi domicilio es el que aparece abajo, al lado de mi nombre. Asimismo, declaro que aunque haya decidido utilizar una dirección de apartado de correos en esta petición, mi dirección de residencia no ha cambiado desde la última vez que se la proporcioné al registrador del condado para actualizar los datos de mi registro electoral.

FIRMA	NOMBRE EN LETRA DE MOLDE	DOMICILIO ACTUAL, DESCRIPCIÓN DEL LUGAR DE RESIDENCIA, O BUZÓN DE CORREO POSTAL DE ARIZONA	CIUDAD O PUEBLO & CÓDIGO POSTAL	FECHA FIRMADO
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

CERTIFICACIÓN

Yo, el firmante, una persona que no se requiere ser un residente de este estado, pero quien es por otra parte calificado para registrarse para votar en el Estado de Arizona, y declaro por medio de la presente que cada una de las firmas que aparecen en esta hoja de petición fue firmada en mi presencia en la fecha indicada y que, según mi leal saber y entender, todos los firmantes de esta petición de nominación son electores calificados del Distrito del Concejo que el candidato nombrado en esta petición busca representar.

Firma del que circula la petición

Nombre en letra de molde del que circula la petición

Domicilio actual o descripción del lugar de residencia del que circula la petición



City of Phoenix

ACCEPTANCE OF NOMINATION

**COUNCIL ELECTION
AUGUST 29, 2017**

Candidate for Council Member, District No. _____

In accordance with the provisions of Chapter III, Section 1 and Chapter XII, Section 3 of the Charter of the City of Phoenix, Arizona, you are hereby notified that I, _____, am a qualified elector and resident of the City of Phoenix, Arizona, and a resident of the district from which I seek nomination. My actual residence address is:

Street

City State Zip

I also declare that I am a candidate and accept nomination for the office indicated above and, further, that I am or will be qualified at the time of election to hold the office I seek, having fulfilled the constitutional and City requirements of age, residency, citizenship and all others.

My name is to appear on the Official Ballot as follows, consistent with City Code Section 12-1102.

FIRST NAME LAST NAME
(PLEASE TYPE OR PRINT YOUR NAME LEGIBLY)

I declare that I have no unsatisfied monetary penalties, fines, or judgments as prescribed by A.R.S. §16-311.

SIGNATURE OF CANDIDATE DATE



City of Phoenix

FINANCIAL DISCLOSURE STATEMENT

(For use by Public Officers and Candidates of the City of Phoenix)

Name of Public Officer or Candidate _____

Address (Home or Work Address) _____

Public Office Held or Sought _____ District # _____

Check one:

I am a candidate for or have been appointed to fill a vacancy in a City of Phoenix public office, and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of _____ 20____, thru the month of _____ 20_____.

I am a public officer filing this statement covering the 12 months of calendar year 20_____.

VERIFICATION

I verify under penalty of perjury that the information in this Financial Disclosure Statement is true and correct, and fully shows all information I am required to report pursuant to Phoenix City Code Section 12-1401.

Signature of Public Officer or Candidate

SECTION A: PERSONAL FINANCIAL INTEREST

1. Household Members' Names

What to disclose: List your name, whether your spouse is a member of your household and the number of minor children who are members of your household. If none, please write "N/A". For the remaining questions in this Financial Disclosure Statement, the terms "spouse" or "minor child" may be used in lieu of the names, as applicable.

YOUR NAME	
IS THE PUBLIC OFFICER'S SPOUSE A MEMBER OF THE HOUSEHOLD?	
WHAT IS THE NUMBER OF MINOR CHILDREN WHO ARE MEMBERS OF THE HOUSEHOLD?	

2. Sources of Personal Compensation

What to disclose: In subsection (2)(a), the name and address of each employer who paid you, your spouse, or any member of your household more than \$1,000 in salary, wages, commissions, tips or other forms of compensation (other than gifts) during the period covered by this report. Describe the nature of each employer's business and the services for which you or a member of your household were compensated.

In subsection (2)(b), if applicable, list anything of value that any other person, outside your household, received for your or a member of your household's use or benefit. For example, if a person was paid by a third-party to be your personal housekeeper, identify that person, describe the nature of that person's services that benefited you, and provide information about the third-party who paid for the services on your behalf.

You need not disclose: Any money you or any member of your household received that was gross income paid to a business you or your household member owned. This will be disclosed in Section 11 below.

Subsection (2)(a):

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	NAME AND ADDRESS OF EMPLOYER WHO PROVIDED COMPENSATION OVER \$1,000	NATURE OF EMPLOYER'S BUSINESS	NATURE OF SERVICE PROVIDED BY PUBLIC OFFICER OR MEMBER OF HOUSEHOLD FOR EMPLOYER

Subsection (2)(b) (if applicable):

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD BENEFITED	NAME AND ADDRESS OF PERSON WHO PROVIDED SERVICES VALUED OVER \$1,000 FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NATURE OF SERVICES PROVIDED BY PERSON FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NAME AND ADDRESS OF THIRD PARTY WHO PAID FOR PERSON'S SERVICES ON YOUR OR YOUR HOUSEHOLD MEMBER'S BEHALF

3. Professional, Occupational and Business Licenses

What to disclose: List of licenses issued by the City of Phoenix or by any other governmental agency which requires for its issuance the consideration of the application for such license by the City Council of the City of Phoenix, to, held by, or in which, you or any member of your household had an interest at any time during the period covered by this Statement.

This includes licenses in which you or a member of your household had an "interest," which includes (but is not limited to) any business license held by a "controlled" or "dependent" business as defined in Section 11 below.

PUBLIC OFFICER OR HOUSEHOLD MEMBER AFFECTED	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE

4. Personal Creditors

What to disclose: The name and address of each creditor to whom you, or a member of your household, owed a personal debt over \$1,000 during the period covered by this Statement. If the debt was incurred or discharged during this period, list the date and whether it was incurred or discharged.

You need not disclose: Debts resulting from the ordinary conduct of a business (disclose those in Section B). Debts on personal residences or recreational property, on motor vehicles used primarily for personal purposes, on debts secured by cash values on life insurance, or debts owed to relatives, personal credit card transactions or retail installment contracts you or your household members entered into.

PERSONAL DEBTS OVER \$1,000		
NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWING THE DEBT	DATE INCURRED AND/OR DISCHARGED
		Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged
		Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged
		Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged

5. Personal Debtors

What to disclose: The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Statement, and the approximate value of the debt (See last page of value categories). If the debt was first incurred or completely discharged during the period covered by this Statement, report the date and whether the debt was incurred or discharged.

DEBTS OVER \$1,000 OWED TO YOU PERSONALLY			
NAME OF DEBTOR	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD TO WHOM THE DEBT IS OWED	APPROXIMATE VALUE OF DEBT BY CATEGORY	DATE INCURRED AND/OR DISCHARGED
			Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged
			Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged
			Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged

6. Gifts

What to disclose: The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts during the preceding calendar year with a cumulative value over \$500, if that gift does NOT fit into a category below. A “gift” means a gratuity (tip), special discount, favor, hospitality, service, economic opportunity, loan or other benefit received without adequate consideration and not provided to members of the public at large (in other words, a personal benefit you or your household member received without providing an equivalent benefit in return.)

Please note: the concept of a “gift” for purposes of this Financial Disclosure Statement is separate and distinct from the gift restrictions outlined in Arizona’s lobbying statutes. Thus, disclosure in a lobbying report does not relieve you or a member of your household’s duty to disclose gifts in this Financial Disclosure Statement.

You need not disclose: Gifts you or a household member received by will, intestate succession, *inter vivos* (living) trusts, or testamentary trusts established by a spouse or ancestor. Gifts received from any other member of the household or relatives to the second degree of consanguinity (parents, grandparents, siblings, children and grandchildren) or political contributions reported on campaign finance reports.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD RECIPIENT OF GIFTS OVER \$500	NAME OF GIFT DONOR

7. Offices, Position or Fiduciary Relationships in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or non-profit organization or association in which you or any member of your household held any office OR had a fiduciary relationship during the period covered by this Statement. Describe the office or relationship.

NAME AND ADDRESS OF THE BUSINESS, ORGANIZATION, TRUST, OR NONPROFIT ORGANIZATION OR ASSOCIATION	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD HAVING THE REPORTABLE RELATIONSHIP	DESCRIPTION OF OFFICE , POSITION OR FIDUCIARY RELATIONSHIP HELD BY THE PUBLIC OFFICER OR MEMBER OF HOUSEHOLD

8. Ownership or Financial Interest in Businesses, Trusts or Investment Funds

What to disclose: The name and address of each business, trust, or investment fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000. This includes stocks, annuities, mutual funds, or retirement funds. It also includes any financial interest in a limited liability company, partnership, joint venture, or sole proprietorship. List the percentage of ownership or interest, and categorize the value of the equity. (See last page for value categories.).

NAME AND ADDRESS OF BUSINESS OR TRUST	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	DESCRIPTION OF INTEREST	EQUITY BY VALUE CATEGORY

9. Ownership of Bonds

What to disclose: Bonds, together with their value category, issued by the City of Phoenix, any industrial development authority of the City of Phoenix or any nonprofit corporation organized or authorized by the City of Phoenix, worth more than \$1,000 that you or a member of your household hold, or held during the period covered by this Statement.

Additionally, if the bonds were either acquired for the first time or completely divested (sold in full) during this statement, report the date that occurred. Otherwise, write "N/A" (for "not applicable") after the word "Date:" in the last column below.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD ISSUED BONDS	ISSUING GOVERNMENT AGENCY	APPROXIMATE VALUE OF BONDS BY CATEGORY	DATE ACQUIRED AND/OR DIVESTED
			Date: <input type="checkbox"/> acquired <input type="checkbox"/> divested
			Date: <input type="checkbox"/> acquired <input type="checkbox"/> divested
			Date: <input type="checkbox"/> acquired <input type="checkbox"/> divested

10. Real Property Ownership

What to disclose: Real property and improvements located in the City of Phoenix to which you or a member of your household hold, or held title during the period covered by this Statement. Describe the property's location and approximate size. Using the value categories (see last page) report the value of your equity. If that property was acquired or divested during the period covered by this Statement, list the date and what occurred.

You need not disclose: Your primary residence or property you use for personal recreation.

NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OR BUSINESS	LOCATION AND APPROXIMATE SIZE OF CITY OF PHOENIX REALTY	APPROXIMATE VALUE OF LAND BY CATEGORY	DATE ACQUIRED OR DIVESTED
			Date: <input type="checkbox"/> acquired <input type="checkbox"/> divested
			Date: <input type="checkbox"/> acquired <input type="checkbox"/> divested
			Date: <input type="checkbox"/> acquired <input type="checkbox"/> divested

SECTION B: BUSINESS FINANCIAL INTERESTS

11. Business Names

What to disclose: The name of any business under which you or any member of your household owns or did business during the period covered by this Statement. Include corporations, limited liability companies, partnerships, sole proprietorships and any other business conducted under a trade name. Using the definitions provided in statute, disclose if the business named is controlled or dependent.

Also disclose if the named business is controlled or dependent. A business is “controlled” if you or any member of your household (individually or combined) had an ownership interest that amounts to more than 50%. A business is classified as “dependent,” on the other hand, if: (1) you or any household member (individually or combined) had an ownership interest that amounts to more than 10%; *and* (2) the business received more than \$10,000 from a single source during the period covered by this Statement, which amounted to more than 50% of the business’ gross income for the period.

If the business was either controlled or dependent, check whether it was controlled or dependent in the last column below. If the business was both controlled and dependent during the period covered in this statement, check both boxes. Otherwise, leave the boxes in the last column below blank.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CONTROLLED BY OR DEPENDENT BUSINESS
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent

IMPORTANT: If a business listed in the foregoing Section 11 was neither “controlled” nor “dependent” during the period covered by this Statement, you need not complete the remainder of this Statement with respect to that business. If none of the businesses listed in Section 11 were “controlled” or “dependent,” you need not complete the remainder of this Statement.

12. Controlled Business Information

What to disclose: The name of each controlled business you listed above, and the goods or services provided by the business. If a single client or customer (person or business) accounts for more than \$10,000 and 25% of your business' gross income during the period covered by this statement (a "major client"), describe what it is your business provides to the major client in the third column. Then, in column 4, describe what client/customer's business does (if your major client is a person, write "N/A" for "not applicable" in the last column blank). If you do not have a major client, write "N/A" for "not applicable" in the last two columns.

You need not disclose: The name of any major client, or the activities of any customer or client that is a person.

NAME OF YOUR OF YOUR HOUSEHOLD MEMBERS' CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY THE CONTROLLED BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CUSTOMER	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CUSTOMER

13. Dependent Business Information

What to disclose: The name of each dependent business, and the goods or services provided by the business. If a single client or customer (person or business) accounts for more than \$10,000 and 25% of the business' gross income during the period covered by this Statement (a "major client"), describe what the business provided to the major client in the third column. Also, describe the major client's type of business activities in the final column (but if the major client is an individual, write "N/A" for "not applicable" in the final column).

If the business does not have a major client, write "N/A" for "not applicable" in the last two columns.

You need not disclose: The name of any major client, or the activities of any major client that is a person.

NAME OF YOUR OF YOUR HOUSEHOLD MEMBERS' DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE DEPENDENT BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CUSTOMER	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CUSTOMER

14. Real Property Owned by a Controlled or Dependent Business

What to disclose: City of Phoenix real property and improvements the titles to which were held by a controlled or dependent business listed above during the period covered by this Statement. If the business is one that deals in real property and improvements, list the aggregate value of all parcels held in the period covered by this Statement. Describe the property’s location and approximate size. Using the value categories (see last page) report the value of your business’ equity. If the property was acquired or divested during the period covered by this Statement, list that and the date.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the land was acquired or divested. Otherwise, write “N/A” (for “not applicable”) after the word “Date:” in the last column below.

LOCATION AND APPROXIMATE SIZE OF CITY OF PHOENIX REALTY	NAME OF CONTROLLED OR DEPENDENT BUSINESS THAT OWNS LAND	APPROXIMATE VALUE OF LAND BY CATEGORY	DATE ACQUIRED OR DIVESTED
			Date: <input type="checkbox"/> acquired <input type="checkbox"/> divested
			Date: <input type="checkbox"/> acquired <input type="checkbox"/> divested
			Date: <input type="checkbox"/> acquired <input type="checkbox"/> divested

15. Controlled or Dependent Business’ Creditors

What to disclose: The name and address of each creditor to which your business owed more than \$10,000, if that amount was also more than 30 percent of your total business indebtedness at any time during the period covered by this Statement. If the debt was incurred or discharged during the period covered by this Statement, report that and the date (“qualifying business debt”).

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check whether it was incurred or discharge. Otherwise, write “N/A” (for “not applicable”) after the word “Date:” in the last column below.

You need not disclose: Debts owned by a business other than a controlled or dependent business.

BUSINESS DEBTS OVER \$10,000 AND 30%		
NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	NAME OF CONTROLLED OR DEPENDENT BUSINESS OWNING THE QUALIFYING DEBT	DATE INCURRED AND/OR DISCHARGED
		Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged
		Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged
		Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged

16. Controlled or Dependent Business' Debtors

What to disclose: The name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business which was owed at any time during the period covered in this Statement ("qualifying business debt"). If the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check whether it was incurred or discharged. Otherwise, write "N/A" (for "not applicable") after the word "Date:" in the last column below.

You need not disclose: Debts owed to a business other than a controlled or dependent business.

DEBTS OVER \$10,000 AND 30% OWED TO YOUR BUSINESS			
NAME OF DEBTOR	NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWED THE DEBT	APPROXIMATE VALUE OF DEBT BY CATEGORY	DATE INCURRED AND/OR DISCHARGED
			Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged
			Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged
			Date: <input type="checkbox"/> incurred <input type="checkbox"/> discharged

17. Travel-Related Expenses

What to disclose: The name of each meeting, conference, or other event where you participated in your official capacity as a public officer if you incurred \$1,000 or more in travel-related expenses, which were not paid by you.

MEETING CONFERENCE/OTHER EVENTS	AMOUNT INCURRED	NAME OF PERSON/ENTITY WHO PAID EXPENSE

Value Categories: (From ARS §18-444(B) and Phoenix City Code Section 12-1401(F))

Category 1 - \$1,000 to \$25,000

Category 2 – More than \$25,000 to \$100,000

Category 3 – More than \$100,000



City of Phoenix

**VOLUNTARY CONTRIBUTIONS/EXPENDITURES LIMITATIONS AFFIDAVIT
(CITY CODE SECTION 12-1502)**

**COUNCIL ELECTION
AUGUST 29, 2017**

CANDIDATE FOR: Council Member, District No. ___

STATE OF ARIZONA)
)
County of Maricopa)

AFFIDAVIT OF _____
Candidate's Name

PERSONAL CONTRIBUTIONS, LOANS AND EXPENDITURES LIMITATION

As a candidate for an elective office of the City of Phoenix, by this affidavit, I hereby express my intent and commitment to voluntarily limit my total personal contributions, loans and expenditures in support of my candidacy for each Mayor and Council, Runoff, or Special Election in which I am a candidate for Mayor to a total of not more than \$40,000, or, if a candidate for Council Member, to a total of not more than \$5,000.

Candidate's Signature

Date

TOTAL EXPENDITURES LIMITATION

As a candidate for an elective office of the City of Phoenix, by this affidavit, I hereby express my intent and commitment to voluntarily limit the total expenditures in support of my candidacy by myself and all committees or groups under my control or authority for each Mayor and Council, Runoff or Special Election in which I am a candidate for Mayor to a total of not more than \$250,000, or, if a candidate for Council Member, to a total of not more than \$50,000.

Candidate's Signature

Date

.....
SUBSCRIBED and sworn to (or affirmed) before me by _____

this _____ day of _____, 20 _____.

NOTARY PUBLIC

(SEAL)



City of Phoenix

VOTER DATA REQUEST

VOTER LISTS, REGISTERS AND FILES CONTAIN RESTRICTED DATA

I, the undersigned, hereby acknowledge the receipt of the requested voter data, and affirm that, in accordance with Arizona Revised Statutes (A.R.S.) §16-168(E), said voter data will be used only for purposes relating to a political or political party activity, a political campaign or an election, for revising election district boundaries or for any other purpose specifically authorized by law and will not be used for a commercial purpose as defined in A.R.S. §39-121.03, and while said data is in my possession, in accordance with A.R.S. §16-168(F), I will not distribute, post or otherwise provide access to any portion of said data through the internet, except as authorized by law.

Signature: _____ **Date:** _____

Printed Name: _____

Title: _____ **Total Cost:** _____

Company, Candidate or Political Committee Name, Address and Telephone Number:

TYPE OF DATA REQUESTED:

- PERMANENT EARLY VOTING LIST**
A list of voters who requested to receive an early ballot by mail for each election.
- EARLY BALLOTS REQUESTED**
A list of voters who requested an early ballot from the City of Phoenix.
- EARLY BALLOTS RETURNED** **CD or Email**
A list of voters who returned an early ballot to the City of Phoenix.
- PRECINCT LIST – PHOENIX**
A list of registered voters in the City of Phoenix.
- VOTER HISTORY – POLLING PLACE/VOTING CENTERS**
A list of voters who cast a ballot at a polling location for past City Elections.
- VOTER HISTORY – EARLY VOTING**
A list of voters who cast an early ballot for past City Elections.

DISTRICTS REQUESTED:

- EVEN**
 - ODD**
- PRECINCT LIST ONLY**
- | | |
|--|--|
| <input type="checkbox"/> ODD | <input type="checkbox"/> EVEN |
| <input type="checkbox"/> DISTRICT 1 | <input type="checkbox"/> DISTRICT 2 |
| <input type="checkbox"/> DISTRICT 3 | <input type="checkbox"/> DISTRICT 4 |
| <input type="checkbox"/> DISTRICT 5 | <input type="checkbox"/> DISTRICT 6 |
| <input type="checkbox"/> DISTRICT 7 | <input type="checkbox"/> DISTRICT 8 |

Received for City Clerk by:

Name: _____ **Date:** _____

DATA DISK REFERENCE SHEET

TYPE OF DATA REQUESTED	DESCRIPTION OF DATA	HOW IT IS AVAILABLE	COST (per CD)
PERMANENT EARLY VOTING LIST	District, Precinct Number, Voter Registration Number, Voter Name and Address	Even or Odd Districts or both	\$20.95 (per CD) (2 CD files available)
EARLY BALLOTS REQUESTED	District, Voter Registration Number, Voter Name and Address	15 Weeks Even/Odd Districts	\$20.95 (per CD) (15 weekly CD files available)
EARLY BALLOTS RETURNED	District, Voter Registration Number, Voter Name and Address	4 Weeks Even/Odd Districts	\$20.95 (per CD) (4 weekly CD files available)
		4 Weeks Even/Odd Districts	\$26.00 (one-time fee) (sent on a daily basis by email)
PRECINCT LIST	Voter Registration Number, Voter Status, City District Code, City Precinct, County Precinct, Voter Name, Voter Address, Mailing Address, Telephone Number, Registration Year, Month, and Day, Birth Year, Party Affiliation, School Code, Primary Election 1 Name, Primary Election 1 Voted Mail, General Election 1 Name, General Election 1 Voted Mail, Primary Election 2 Name, Primary Election 2 Voted Mail, General Election 2 Name, General Election 2 Voted Mail, Primary Election 3 Name, Primary Election 3 Voted Mail, General Election 3 Name, General Election Voted Mail, Congress District, Legislative Code, Justice of the Peace District, Board of Supervisor District, County Perm, High School District Code, Military Addresses	Even Districts or Odd Districts or Individual Districts	\$20.95 (per CD) (2 CD files available)
VOTER HISTORY	Voter Registration Number and Voter Name	Polling Location or Early or both	\$20.95 (per CD) (2 CD files available)