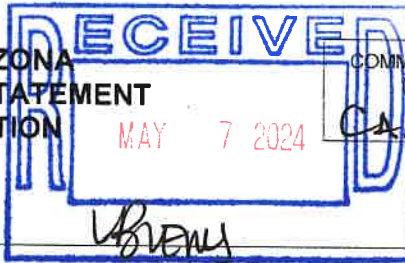


Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION



COMMITTEE ID NUMBER
 (office use only)
 CAN 24-3

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): CRYSTAL O'JON for City Council
 (first or last name & office)

Candidate Information: Candidate's Name (required): CRYSTAL O'JON

Candidate's mailing address (required): 18961 NORTH Shelby Drive, S5738

Candidate's email address (required): CRYSTAL.OJON@AOL.COM

Candidate's phone number (required): 520 252 0423

Candidate's website (if any): CRYSTALOJON4CITYCOUNCIL.COM

Office Sought (choose one): County Office: _____ District (if applicable): _____

City/Town Office: Councilmember 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): _____

Party Affiliation: Democrat Green Libertarian Republican Other: _____
 (required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): CRYSTAL O'JON for City Council
 (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)

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): 18961 North Shelby Drive, Maricopa, 85138
 Committee's email address (required): CHRISTALOV4CITYCOUNCIL.COM@gmail.com
 Committee's phone number (if any): 520 252 0423
 Committee's website (if any): CHRISTALOV4CITYCOUNCIL.COM

Chairperson's Information:
 Chairperson's name (required): VERONKA KENT
 Chairperson's physical address (required): 22176 NORTH SUNSET DRIVE, MARICOPA, AZ 85139
 Chairperson's mailing address (if different): 22176 NORTH SUNSET DRIVE, MARICOPA 85139
 Chairperson's email address (required): OKENT45@gmail.com
 Chairperson's phone number (required): 480 619 3225
 Chairperson's employer (required): UNITED Way (Valley of the Sun)
 Chairperson's occupation (required): CORPORATE RELATIONS MANAGER

Treasurer's Information:
 Treasurer's name (required): KENT O'LOU
 Treasurer's physical address (required): 18961 NORTH Shelby Drive, Maricopa, AZ
 Treasurer's mailing address (if different): 18961 North Shelby Drive, Maricopa, AZ
 Treasurer's email address (required): Kentgoj@gmail.com
 Treasurer's phone number (required): 615 935-4451
 Treasurer's employer (required): RETIRED
 Treasurer's occupation (required): RETIRED

Bank or Financial Institution:
 Bank name (required): Wells Fargo Bank N.A.
 (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: Veronka O. Kent Date: 5-7-2024
 Treasurer's signature: [Signature] Date: 5-7-2024
 Candidate's signature (if applicable): [Signature] Date: 5-7-2024