

COMMITTEE ID NUMBER (office use only)

APR-052023 02:20PM

COMMITTEE TYPE (choose one):

☐ Candidate			
Committee Name (required): (first or last name & office)	h): Friends for Benita Beckles		
Candidate Information:	Candidate's Name (required): Benita Beckles		
	Candidate's mailing address (required): 16581 S.178th Drive		
	Candidate's email address (required): support@benitabecklesforgoodyear.com		
	Candidate's phone number (required): (623) 266-1941 Candidate's website (if any): benitabecklesforgoodyear.com		
Office Sought (choose one):	☐ County Office: ☐District (if applicable):		
	■City/Town Office: Goodyear City Councilmember □District (if applicable):		
	School Board Office: District (if applicable):		
	Special District Board: District (if applicable):		
Election Cycle for Office Sou	ght (year the election will take place) (required): 2024		
Party Affiliation: (required for partisan offices)	☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other:		
■ Political Action Comr Committee Name (required): (if sponsored, must include sponsor's name)	nittee (PAC)		
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 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 application)			
	Li wega i Ao (masi provide provi or wega i Ao status to ming onice) (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)		



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COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): 16581 S. 178th Drive Goodyear, Arizona 85338
		Committee's email address (required): support@benitabecklesforgoodyear.com
		Committee's phone number (if any): (623) 266-1941
		Committee's website (if any): benitabecklesfor goodyear.com
	Chairperson's Information:	Chairperson's name (required): Benita Beckles
		Chairperson's physical address (required): 16581 S. 178th Drive Goodyear, Arizona 85338
	•	Chairperson's mailing address (if different):
		Chairperson's email address (required): benitabeckles@hotmail.com
		Chairperson's phone number (required): (248) 497-1522
		Chairperson's employer (required): Retired - None
		Chairperson's occupation (required): Military Officer - Human Resources Analyst
	Treasurer's Information:	Treasurer's name (required): Benita Beckles
		Treasurer's physical address (required): 16581 S. 178th Drive Goodyear Arizona 85338
		Treasurer's mailing address (if different):
		Treasurer's email address (required): benitabeckles@hotmail.com
		Treasurer's phone number (required): (248) 497-1522
		Treasurer's employer (required): None - Retired
		Treasurer's occupation (required): Military Officer - Human Resources Analyst
	Bank or Financial Institution:	Bank name (required): West Valley National 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: Bench Huhler	Date: 04/05/2023			
Treasurer's signature: Sente Deeble	Date: 04/05/2023			
Candidate's signature (if applicable): Sente Schlen	Date: 04/05/2023			