

☒ Initial Application
☐ Amended Application
Date: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
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28-TREA-001

COMMITTEE TYPE (choose one):

☒ **Candidate**

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

SueAnn4 Treasurer

Candidate Information:

Candidate's Name (required):

SueAnn Mello

Candidate's mailing address (required):

3853 Heather Ave Kingman AZ 86401

Candidate's email address (required):

Sueann4349@outlook.com

Candidate's phone number (required):

928-530-7179

Candidate's website (if any):

Office Sought (choose one):

☒ County Office:

Treasurer

☐ District (if applicable):

☐ City/Town Office:

☐ 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):

2027-2028

Party Affiliation:

(required for partisan offices)

☐ Democrat

☐ Libertarian

☐ No Labels

☐ Republican

☐ Other:

☐ **Political Action Committee (PAC)**

Committee Name (required):
(if sponsored, must include
sponsor's name)

Political Function (optional):
(select any that apply)

☐ Contributions

☐ Candidate-Related Independent Expenditures

☐ Ballot Measure Expenditures

☐ Recall Expenditures

Sponsorship Information:
(if applicable)

Sponsor's name or nickname (required):

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)

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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): _____
Committee's email address (required): _____
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Sue Ann Mello
Chairperson's physical address (required): 3853 Heather Ave Kingman AZ 86401
Chairperson's mailing address (if different): _____
Chairperson's email address (required): sueann4349@outlook.com
Chairperson's phone number (required): 928-530-7179
Chairperson's employer (required): _____
Chairperson's occupation (required): _____

Treasurer's Information: Treasurer's name (required): Sue Ann Mello
Treasurer's physical address (required): 3853 Heather Ave Kingman AZ 86401
Treasurer's mailing address (if different): _____
Treasurer's email address (required): sueann4349@outlook.com
Treasurer's phone number (required): 928-530-7179
Treasurer's employer (required): Monave County Treasurer
Treasurer's occupation (required): Treasurer

Bank or Financial Institution: Bank name (required): Foothills 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: [Signature] Date: 7-8-2025
Treasurer's signature: [Signature] Date: 7-8-2025
Candidate's signature (if applicable): [Signature] Date: 7-8-2025