							□ Received
lame:							
Address:		City		State		Zip	
elephone Number:		Fax Number:					
lame of Authorized Agent:		Telephone Number:			E-mail Addres	SS:	
Authorized Agent Address (if different from above):		City		State		Zip	
Date of Expenditure (i.e. 5/30/2016)	Amount of Expenditure (i.e. \$	Amount of Expenditure (i.e. \$5,000.00)		Candidate Supported /Opposed			

All persons, including corporations, limited liability companies, and labor organizations, are required to file independent expenditure reports under A.R.S. §§ 16-941(D); -958 & Ariz. Admin. Code R2-20-109(F). Please fill out, scan and return to the Arizona Citizens Clean Elections Commission, <a href="mailto:cce@azcleanelections.gov">cce@@azcleanelections.gov</a>.

Forms received within 24 hours of the date of expenditure will be considered timely.

Failure to file the form and submit the information required subjects an entity that makes independent expenditures to penalties under the Clean Elections Act unless the entity receives an exemption from the Commission. Exemption forms are available at <a href="https://www.azcleanelections.gov">www.azcleanelections.gov</a>.

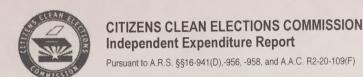
Please contact <a href="mailto:ccec@azcleanelections.gov">ccec@azcleanelections.gov</a> or 602-364-3477 with questions.

I, the undersigned, certify that the above statements are true and accurate to the best of my knowledge and belief:

Signature of Authorized Agent

Natalie Sanchez

**OFFICIAL USE ONLY** 



OFFICIAL USE ONLY

Received \_\_\_\_\_

Name: America	Strong 1	DAC					
Address: 4400 N. Sa	Hisdole Rd	City #9-744	Sottsd	Ente Az	Zip 8	Jag.	2
Telephone Number: 450-	Fax Number:	_					
Name of Authorized Agent:  Natali ê Sanc	Telephone Number:	0-3168	E-mail Address	icon.	Strong	PACE	
Authorized Agent Address (if different from above):		City		State	Zip		
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Please contact <a href="mailto:ccec@azcleanelections.gov">ccec@azcleanelections.gov</a> or 602-364-3477 with questions.

I, the undersigned, certify that the above statements are true and accurate to the best of my knowledge and belief:

Signature of Authorized Agent