

Arizona Form
830

Affidavit

Bingo

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to A.R.S. § 5-404.

Licensee's Name <u>Bill Carmichael, Post 52,</u> <u>The American Legion, Department of Arizona, Post 52</u>		License Number	
Position (check the appropriate boxes): ☒ Manager ☐ Supervisor ☐ Proceed Coordinator ☐ Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
Affiant's Name <u>Thomas L Powell</u>			
Social Security Number	Date of Birth		
Address <u>3325 Rosburg St</u>			
City <u>Sierra Vista</u>	State <u>AZ</u>	ZIP Code <u>85650</u>	
Home Phone No. (with area code) <u>(719) 821-4047</u>	Work Phone No. (with area code) <u>(719) 821-4047</u>	81 PM	80 RCVD

If licensee is a qualified organization, complete the following section:

Member? ☒ Yes ☐ No	Date Joined Organization <u>1 0 0 1 2 0 2 2</u>
Officers? ☒ Yes ☐ No	Officer Title <u>Commander</u>
Do you have an affidavit on file for any other licensee? ☐ Yes ☒ No If "Yes", list license number(s):	

I, Thomas L Powell, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

Thomas L Powell
Signature of Affiant

08/26/2026
Date

Please mail to:
Arizona Department of Revenue
1600 W Monroe Street, Division Code 22
Phoenix, AZ 85007

☎ (602) 716-7801

**Arizona Form
830****Affidavit****Bingo**

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Licensee's Name <u>Bill Comichael, Post 52</u> The American Legion, Department of Arizona, Post 52		License Number	
Position (check the appropriate boxes): ☐ Manager ☒ Supervisor ☐ Proceed Coordinator ☐ Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Affiant's Name Gloria Saldana		88	
Social Security Number	Date of Birth 0 7 0 7 6 2		
Address 1808 Chantilly Dr			
City Sierra Vista	State Az	ZIP Code 85635	
Home Phone No. (with area code) 520-249-4234	Work Phone No. (with area code) 520-249-4234	81 PM	80 RCVD

If licensee is a qualified organization, complete the following section:

Member? ☒ Yes ☐ No	Date Joined Organization 0 1 0 1 2 2
Officers? ☒ Yes ☐ No	Officer Title Historian
Do you have an affidavit on file for any other licensee? ☐ Yes ☒ No If "Yes", list license number(s):	

I, Gloria Saldana AFFIANT'S NAME, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

Gloria Saldana
Signature of Affiant

8/25/26
Date

Please mail to:
Arizona Department of Revenue
1600 W Monroe Street, Division Code 22
Phoenix, AZ 85007

☎ (602) 716-7801

Print Form

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Licensee's Name <u>BILL CAMMICHIEL, POST 52</u>		License Number	
THE AMERICAN LEGION, DEPARTMENT OF ARIZONA, POST 52			
Position (check the appropriate boxes): ☐ Manager ☐ Supervisor ☒ Proceed Coordinator ☐ Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Affiant's Name KURT OBERMEIER		88	
Social Security Number	Date of Birth <u>0 7 10 7 11 9 5 0</u>		
Address 2833 E RIDGE CREST STREET			
City SIERRA VISTA	State AZ	ZIP Code 85650	
Home Phone No. (with area code) (520) 266-0020	Work Phone No. (with area code) (520) 459-6050	81 PM	80 RCVD

If licensee is a qualified organization, complete the following section:

Member? ☒ Yes ☐ No	Date Joined Organization <u>0 1 10 5 12 0 0 4</u>
Officers? ☒ Yes ☐ No	Officer Title FINANCE OFFICER
Do you have an affidavit on file for any other licensee? ☐ Yes ☒ No If "Yes", list license number(s):	

I, KURT OBERMEIER, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.


Signature of Affiant

28 AUGUST 2026
Date

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

☎ (602) 716-7801

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Licensee's Name <u>BILL CARMICHAEL, POST 52</u>		License Number	
The American Legion, Department of Arizona, Post 52			
Position (check the appropriate boxes): ☐ Manager ☐ Supervisor ☐ Proceed Coordinator ☒ Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Affiant's Name <u>Teresa Ann Jones</u>		<u>88</u>	
Social Security Number <u>527-33-4157</u>	Date of Birth <u>12/04/1962</u>		
Address <u>2785 Montaro Drive</u>			
City <u>Sierra Vista</u>	State <u>AZ</u>	ZIP Code <u>85650</u>	
Home Phone No. (with area code) <u>(520) 227-6376</u>	Work Phone No. (with area code)	<u>81</u> PM	<u>80</u> RCVD

If licensee is a qualified organization, complete the following section:

Member? ☒ Yes ☐ No	Date Joined Organization <u>10/16/2022</u>
Officers? ☒ Yes ☐ No	Officer Title <u>First Vice Commander</u>
Do you have an affidavit on file for any other licensee? ☐ Yes ☒ No If "Yes", list license number(s):	

I, Teresa Ann Jones, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.


Signature of Affiant

08/30/2026
Date

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Phoenix, AZ 85007

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