STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE TYPE (choose one):

☑ Candidate

Committee Name (required): Denetsojie Gishie for FUSD

Candidate Information:

Candidate's Name (required): Denetsojie Gishie
Candidate's mailing address (required): 9420 N Mars Drive
Candidate's email address (required): DenetsojieGishieFUSD0@gmail.com
Candidate's phone number (required): 928-606-1941
Candidate's website (if any): 

Office Sought (choose one):

☑ District (If applicable): Flagstaff Unified School District

Election Cycle for Office Sought (year the election will take place) (required): 2020

Party Affiliation:

☑ Democrat ☐ Republican ☐ Other: 

☐ Political Action Committee (PAC)

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

Political Function (optional):
☐ Contributions ☐ Candidate-Related Independent Expenditures
☐ Ballot Measure Expenditures ☐ Recall Expenditures

Sponsorship Information:
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:
☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
☐ Standing Committee (must also complete separate standing committee registration)

☐ 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. § 16-623)
☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status:
☐ Standing Committee (must also complete separate standing committee registration)

Arizona Secretary of State Revision 11/5/16
STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE INFORMATION:

Contact Information:
Committee’s mailing address (required): 9420 N. Mars Drive, Flagstaff, AZ 86004
Committee’s email address (required): DenetraElishieYEUSDce@gmail.com
Committee’s phone number (if any): 928-606-1941
Committee’s website (if any):

Chairperson’s Information:
Chairperson’s name (required): Dorothy Gishie
Chairperson’s physical address (required):
Chairperson’s mailing address (if different): 544
Chairperson’s email address (required): DenetraElishie@gmail.com
Chairperson’s phone number (required): 928-606-1941
Chairperson’s employer (required): Native Americans for Community Action, Inc
Chairperson’s occupation (required): Counselor

Treasurer’s Information:
Treasurer’s name (required): Kara Kelty
Treasurer’s physical address (required): 1175 N. Hemlock Way
Treasurer’s mailing address (if different):
Treasurer’s email address (required): Kara_Kelty@yahoo.com
Treasurer’s phone number (required): (415) 294-1186
Treasurer’s employer (required): Self employed
Treasurer’s occupation (required): Non-profit manager

Bank or Financial Institution:
Bank name (required):
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: __________________________ Date: 06.12.2020

Treasurer’s signature: __________________________ Date: 06.11.2020

Candidate’s signature (if applicable): __________________________ Date: __________________________