

- Initial Application  
 Amended Application  
 Date: \_\_\_\_\_



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

COMMITTEE TYPE (choose one):

**Candidate**

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

Denet Sosie Gishie for FUSD

Candidate Information:

Candidate's Name (required): Dorothy Denet Sosie Gishie  
 Candidate's mailing address (required): 9420 N Mars Drive  
 Candidate's email address (required): Denet Sosie Gishie 4 FUSD@gmail.com  
 Candidate's phone number (required): 928-606-1941  
 Candidate's website (if any): ∅

Office Sought (choose one):

County Office: \_\_\_\_\_  
 District (if applicable): Flagstaff Unified School District

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

Party Affiliation:  
 (required for partisan offices)

Democrat  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)

**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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STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 9420 N. Mars Drive, Flagstaff, Az 86004  
Committee's email address (required): DenetoesieGishie4FUSD@gmail.com  
Committee's phone number (if any): 928-606-1941  
Committee's website (if any): D

**Chairperson's Information:** Chairperson's name (required): Dorothy Gishie  
Chairperson's physical address (required): 9420 N Mars Drive, Flagstaff, Az 86004  
Chairperson's mailing address (if different): SAA  
Chairperson's email address (required): DenetoesieGishie@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): KaraKelty@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): BBVA  
(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: Dorothy Gishie Date: 6.12.2020  
Treasurer's signature: Kara Kelty Date: 6/11/2020  
Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_