

- Initial Application
- Amended Application

Date: _____



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

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JUL 22 2020

Coconino County Elections

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information:

Candidate's Name (required): _____

Candidate's mailing address (required): _____

Candidate's email address (required): _____

Candidate's phone number (required): _____

Candidate's website (if any): _____

Office Sought (choose one):

- Governor
 Secretary of State
 Attorney General
 State Treasurer
 Superintendent of Public Instruction
 State Mine Inspector
 Corporation Commissioner

State Senate
 State House of Representatives
 District (required): _____

County Office: _____
 District (if applicable): _____

City/Town Office: _____
 District (if applicable): _____

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

Party Affiliation:

- Democrat
 Green
 Libertarian
 Republican
 Other: _____

(required for partisan offices)

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)

Coconino County Democratic Party

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): PO Box 701 Flagstaff AZ 86002
 Committee's email address (required): info@coconinodemocrats.org
 Committee's phone number (if any): 928-214-0393
 Committee's website (if any): coconinodemocrats.org

Chairperson's Information: Chairperson's name (required): Ann Heitland
 Chairperson's physical address (required): [REDACTED] Flagstaff AZ 86004
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): ann@annheitland.com
 Chairperson's phone number (required): 928-699-4299
 Chairperson's employer (required): none
 Chairperson's occupation (required): retired

Treasurer's Information: Treasurer's name (required): William J. Wade (new)
 Treasurer's physical address (required): [REDACTED] Flagstaff 86001
 Treasurer's mailing address (if different): " " " " "
 Treasurer's email address (required): wjwade@a.com
 Treasurer's phone number (required): 928.637.5175
 Treasurer's employer (required): Self
 Treasurer's occupation (required): Geologist

Bank or Financial Institution: Bank name (required): One AZ Credit Union
 (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: 7/14/2020

Treasurer's signature: [Signature] Date: 7/14/2020

Candidate's signature (if applicable): _____ Date: _____