

Initial Application  
 Amended Application  
Date: 05/05/2023



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

23-001

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 4668 E Northwood Way, Flagstaff, AZ 86004  
Committee's email address (required): ammonbarkerforcountyattorney@gmail.com  
Committee's phone number (if any): (480) 406-9869  
Committee's website (if any): barkerforcountyattorney.com

**Chairperson's Information:** Chairperson's name (required): Ammon Barker  
Chairperson's physical address (required): [REDACTED]  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): ammonbarkerforcountyattorney@gmail.com  
Chairperson's phone number (required): (480) 406-9869  
Chairperson's employer (required): Coconino County  
Chairperson's occupation (required): Attorney

**Treasurer's Information:** Treasurer's name (required): Jesica Barker  
Treasurer's physical address (required): [REDACTED]  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): jesicabarker@gmail.com  
Treasurer's phone number (required): (480) 437-4665  
Treasurer's employer (required): DancEvolution, Inc.  
Treasurer's occupation (required): Dance Studio Owner

**Bank or Financial Institution:** Bank name (required): Wells Fargo  
(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: 05/05/2023

Treasurer's signature: [Signature] Date: 05/05/2023

Candidate's signature (if applicable): [Signature] Date: 05/05/2023

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COMMITTEE TYPE (choose one):

**Candidate**

**Committee Name** (required): Ammon Barker for County Attorney  
(first or last name & office)

**Candidate Information:** Candidate's Name (required): Ammon Barker

Candidate's mailing address (required): [REDACTED]

Candidate's email address (required): ammonbarkerforcountyattorney@gmail.com

Candidate's phone number (required): (480) 406-9869

Candidate's website (if any): barkerforcountyattorney.com

**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: County Attorney  District (if applicable): \_\_\_\_\_

City/Town Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

**Election Cycle for Office Sought** (year the election will take place) (required): 2024

**Party Affiliation:** (required for partisan offices)  Democrat  Green  Libertarian  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)  
 Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

**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)