

- Initial Application
 - Amended Application
- Date: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

23-000

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information: Candidate's Name (required): Sean D Goltiere

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

Candidate's email address (required): [REDACTED]@labal.t-ai.edu

Candidate's phone number (required): [REDACTED]

Candidate's website (if any): N/A

Office Sought (choose one): County Office: County Supervisor District (if applicable): D3

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

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

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

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)

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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
23-006

AUG 30 '23 PM 2:03

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): 813 W. Coolidge Dr. Flag AZ 86001
 Committee's email address (required): golliee for flagstaff@gmail.com
 Committee's phone number (if any): [REDACTED]
 Committee's website (if any): N/A

Chairperson's Information:
 Chairperson's name (required): Sean D Golliee
 Chairperson's physical address (required): [REDACTED]
 Chairperson's mailing address (if different): N/A
 Chairperson's email address (required): golliee for flagstaff@gmail.com
 Chairperson's phone number (required): [REDACTED]
 Chairperson's employer (required): US Dept. of Homeland Security
 Chairperson's occupation (required): Program Mgmt (Advisor)

Treasurer's Information:
 Treasurer's name (required): Sean D Golliee
 Treasurer's physical address (required): [REDACTED]
 Treasurer's mailing address (if different): N/A
 Treasurer's email address (required): golliee for flagstaff@gmail.com
 Treasurer's phone number (required): [REDACTED]
 Treasurer's employer (required): US Dept. of Homeland Security
 Treasurer's occupation (required): Program Mgmt. (Advisor)

Bank or Financial Institution:
 Bank name (required): National Bank of Arizona
 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: 30 Aug 2023

Treasurer's signature: [Signature] Date: 30 Aug 2023

Candidate's signature (if applicable): [Signature] Date: 30 Aug 2023