

Initial Application
 Amended Application
Date: 9/18/23



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
20-005

SEP 8 '23 PM 2:12 AP

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Judy Begay for Coconino County Supervisor District 4
(first or last name & office)

Candidate Information:

Candidate's Name (required): Judy Begay

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

Candidate's email address (required): Judybegay93@yahoo.com

Candidate's phone number (required): (928) 255-8213

Candidate's website (if any): None

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: Brd of Supvr District (if applicable): # 4

City/Town Office: Flagstaff, AZ District (if applicable): _____

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

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): Contributions Candidate-Related Independent Expenditures
(select any that apply) 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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20-005

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): [REDACTED]
Committee's email address (required): Judybegay93@yahoo.com
Committee's phone number (if any): (928) 255-2213
Committee's website (if any): None

Chairperson's Information: Chairperson's name (required): Judy Begay for Coconino County BOS
Chairperson's physical address (required): [REDACTED]
Chairperson's mailing address (if different): [REDACTED]
Chairperson's email address (required): Judybegay93@yahoo.com
Chairperson's phone number (required): (928) 255-8213
Chairperson's employer (required): Coconino County
Chairperson's occupation (required): Board of Supervisor Supervisor

Treasurer's Information: Treasurer's name (required): Judybegay
Treasurer's physical address (required): [REDACTED]
Treasurer's mailing address (if different): [REDACTED]
Treasurer's email address (required): Judybegay93@yahoo.com
Treasurer's phone number (required): (928) 255-8213
Treasurer's employer (required): Coconino County
Treasurer's occupation (required): Board of Supervisor

Bank or Financial Institution: Bank name (required): Wells Fargo Bank
(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: 9/8/23
Treasurer's signature: [Signature] Date: 9/8/23
Candidate's signature (if applicable): [Signature] Date: 9/8/23