

Initial Application
 Amended Application
Date: 10/30/17



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION RECEIVED

COMMITTEE ID NUMBER
(office use only)
17-003

JUN 30 2017

COMMITTEE TYPE (choose one):

X Candidate

Coconino County Elections

Committee Name (required): Committee to Elect Ted Reed as Judge of Superior Court, in and for Coconino County, Division 1
(first or last name & office)

Candidate Information: Candidate's Name (required): Ted Reed
Candidate's mailing address (required): P.O. Box 565, Flagstaff, AZ 86002
Candidate's email address (required): reedforjudge2018@gmail.com
Candidate's phone number (required): (928) 699-6336
Candidate's website (if any): www.reedforjudge.com

Office Sought (choose one): X County Office: Judge of Superior Court, in and for Coconino County, Division 1
 District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2018

Party Affiliation: X Democrat 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: Sponsor's name or nickname (required): _____
(if applicable) 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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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): P. O. Box 565, Flagstaff, Arizona 86002
Committee's email address (required): reedforjudge2018@gmail.com
Committee's phone number (if any): (928) 699-0125
Committee's website (if any): www.reedforjudge.com

Chairperson's Information: Chairperson's name (required): Ted Reed
Chairperson's physical address (required): 200 N. San Francisco St., Flagstaff, AZ 86001
Chairperson's mailing address (if different): P.O. Box 565, Flagstaff, Arizona 86002
Chairperson's email address (required): www.reedforjudge.com
Chairperson's phone number (required): (928) 699-6336
Chairperson's employer (required): Coconino County
Chairperson's occupation (required): Judge Pro Tempore

Treasurer's Information: Treasurer's name (required): Beth Reed
Treasurer's physical address (required): 624 N. Beaver St., Flagstaff, Arizona 86001
Treasurer's mailing address (if different): P.O. Box 565, Flagstaff, Arizona 86002
Treasurer's email address (required): reedforjudge2018@gmail.com
Treasurer's phone number (required): (928) 699-0125
Treasurer's employer (required): Antol & Hance, P.C.
Treasurer's occupation (required): Business Manager

Bank or Financial Institution: Bank name (required): National Bank of Arizona
(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: 6/27/17

Treasurer's signature: [Signature] Date: 6/27/17

Candidate's signature (if applicable): [Signature] Date: 6/27/17