

Initial Application  
 Amended Application  
 Date: 4/25/2017



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
17-002

7/3/17  
 COMMITTEE TYPE (choose one):

**RECEIVED**

JUL 12 2017

Cocconino County Elections

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

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

Party Affiliation:  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): Coconino County Democratic Party  
 (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)

Initial Application  
 Amended Application  
Date: 7/3/2017



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Coconino County Elections

COMMITTEE INFORMATION:

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

Chairperson's Information: Chairperson's name (required): Nathan Jones  
Chairperson's physical address (required): [REDACTED] Flagstaff, AZ 86004  
Chairperson's mailing address (if different): n/a  
Chairperson's email address (required): nathanparkerjones@outlook.com  
Chairperson's phone number (required): 928-853-2155  
Chairperson's employer (required): The NARBHA Institute, Inc.  
Chairperson's occupation (required): attorney

Treasurer's Information: Treasurer's name (required): Catherine Fine  
Treasurer's physical address (required): [REDACTED] Flagstaff, AZ 86005  
Treasurer's mailing address (if different): n/a  
Treasurer's email address (required): cathyf@ccdcm.org  
Treasurer's phone number (required): 928-853-7343  
Treasurer's employer (required): self-employed  
Treasurer's occupation (required): attorney

Bank or Financial Institution: Bank name (required): AZ One 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: Nathan Jones Date: 7/3/2017

Treasurer's signature: Catherine Fine Date: 7/3/17

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_