

Initial Application
 Amended Application
Date: 12-005

5115718



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
12-005

MAY 15 2018

COMMITTEE TYPE (choose one):

Cocconino County Elections

Candidate

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

Re-elect Darrin Womble Constable

Candidate Information:

Candidate's Name (required):

Darrin Womble

Candidate's mailing address (required):

[REDACTED]

Candidate's email address (required):

dwomble_6@msn.com 86004

Candidate's phone number (required):

928-679-5208

Candidate's website (if any):

Office Sought (choose one):

County Office:

District (if applicable): Flagstaff Justice Court Precinct

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

2018

Party Affiliation:

(required for partisan offices)

Democrat

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)

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)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): _____
Committee's email address (required): dwomble-6@msn.com 86004
Committee's phone number (if any): 928-679-5208
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Darin Womble
Chairperson's physical address (required): SAA
Chairperson's mailing address (if different): _____
Chairperson's email address (required): dwomble-6@msn.com
Chairperson's phone number (required): 928-679-5208
Chairperson's employer (required): Constable Flagstaff Justice Court Precinct
Chairperson's occupation (required): Constable

Treasurer's Information: Treasurer's name (required): Darin Womble
Treasurer's physical address (required): SAA
Treasurer's mailing address (if different): _____
Treasurer's email address (required): SAA
Treasurer's phone number (required): SAA
Treasurer's employer (required): SAA
Treasurer's occupation (required): SAA

Bank or Financial Institution: Bank name (required): Bank of America
(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: _____ Date: 5-14-18

Treasurer's signature: _____ Date: 5-14-18

Candidate's signature (if applicable): _____ Date: 5-14-18