



COMMITTEE ID NUMBER
(office use only)

COMMITTEE TYPE (choose one):

Coconino County Elections

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Candidate	
Committee Name (require (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):  Doctors for justice a gmail, com  Candidate's website (if any):
Office Sought (choose on	e): Tustice of the Peace-Page
	☐ District (if applicable):
Election Cycle for Office S	Sought (year the election will take place) (required):
Party Affiliation: (required for partisan offic	□ Democrat □ Republican 🕱 Other: Independent
☐ Political Action Co	• •
(if sponsored, must includ sponsor's name)	
Political Function (optional (select any that apply)	al): □ 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 (require (must include party affiliat	
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): PO box 3.574 Page, AZ 86046
	Committee's email address (required): barnes forjustice agmail. co
	Committee's phone number (if any): 988-660-9175
	Committee's website (if any): barnes for justice, com
Chairperson's Information	: Chairperson's name (required):Michael Robert Barnes
	Chairperson's physical address (required):
	Chairperson's mailing address (if different): Po box 3574 Page, AZ 8604
	Chairperson's email address (required): barnes for instice a quail, com
	Chairperson's phone number (required): 928-660-9175
	Chairperson's employer (required): Chenga Total Asset Protection
	Chairperson's occupation (required): Security Guard
Treasurer's Information:	Treasurer's name (required): Michael Robert Barnes
	Treasurer's physical address (required):
	Treasurer's mailing address (if different): 10 Box 3574 Page, AZ 86040
	Treasurer's email address (required): barnes for justice e gmail com
	Treasurer's phone number (required): 928-660-9175
	Treasurer's employer (required): Chenega Total Asset Protection
	Treasurer's occupation (required): Security Guard
Bank or Financial Institutio	
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(do not list acct numbers)	Additional bank name (if applicable): <u>0.5 A A</u>

## DECLAR

RATION 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: 5/31/18
Treasurer's signature: Date: 5/21/18
Candidate's signature (if applicable): Market Date: 5/21/18