

Initial Application
 Amended Application
 Date: 6/6/18



STATE OF ARIZONA

RECEIVED

JUN 06 2018

COMMITTEE ID NUMBER
 (office use only)
18-002

Cochise County Elections

COMMITTEE TYPE (choose one):

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: _____

Political Action Committee (PAC)

Committee Name (required): FEA Fund for Public Education
 (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: Sponsor's name or nickname (required): Mitch Askew
 (if applicable) Sponsor's mailing address (required): _____
 Sponsor's email address (required): askewmitch@gmail.com
 Sponsor's phone number (if any): 928-255-9066
 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)

Initial Application
 Amended Application
Date: 6/16/18



STATE
OF
ARIZONA

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JUN 06 2018

COMMITTEE ID NUMBER
(office use only)
18-002

COMMITTEE INFORMATION:

Coconino County Elections

Contact Information: Committee's mailing address (required): 2708 N. 4th St. Suite B-5, Flag AZ 86604
Committee's email address (required): askewmitch@gmail.com
Committee's phone number (if any): 928-255-9066
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Mitch Askew
Chairperson's physical address (required): _____
Chairperson's mailing address (if different): _____
Chairperson's email address (required): askewmitch@gmail.com
Chairperson's phone number (required): 928 255 9066
Chairperson's employer (required): Flagstaff Unified School District 1
Chairperson's occupation (required): Teacher

Treasurer's Information: Treasurer's name (required): Althea Gorski
Treasurer's physical address (required): _____
Treasurer's mailing address (if different): _____
Treasurer's email address (required): althea.gorski@gmail.com
Treasurer's phone number (required): 717 701 7951
Treasurer's employer (required): FUSD
Treasurer's occupation (required): Teacher

Bank or Financial Institution: Bank name (required): Coconino Federal Credit Union
(do not list acct numbers) 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: 6-5-18

Treasurer's signature: [Signature] Date: 6/6/18

Candidate's signature (if applicable): _____ Date: _____