

Initial Application
 Amended Application
Date: Aug 21, 2018



STATE OF ARIZONA
COMMITTEE STATEMENT RECEIVED
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
18-005

AUG 21 2018

COMMITTEE TYPE (choose one):

Coconino 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): Yes on 416 Committee
(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 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable) 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 Standing Committee (must also complete separate standing committee registration)
(if applicable)

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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 10 E. Dale Ave Flag.
 Committee's email address (required): gnabours@gmail.com
 Committee's phone number (if any): 928 779-5105
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Gerald Nabours
 Chairperson's physical address (required): 10 E. Dale Ave
 Chairperson's mailing address (if different): Flagstaff 86001
 Chairperson's email address (required): gnabours@gmail.com
 Chairperson's phone number (required): 928 779 5105
 Chairperson's employer (required): None
 Chairperson's occupation (required): Retired

Treasurer's Information: Treasurer's name (required): Marij McLaughan
 Treasurer's physical address (required): 150 W. Dale Ave #2
 Treasurer's mailing address (if different): P.O. Box 220 Flag 86002
 Treasurer's email address (required): MarijmaNordstromPC.com
 Treasurer's phone number (required): 928 774 5086
 Treasurer's employer (required): Nordstrom & Assoc. CPA's
 Treasurer's occupation (required): CPA

Bank or Financial Institution: Bank name (required): National Bank of Ariz.
 (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: 8/19/18

Treasurer's signature: [Signature] Date: 8/19/18

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