

Initial Application  
 Amended Application  
 Date: 8/7/20



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

**RECEIVED**  
 AUG 07 2020  
 Coconino County Elections

COMMITTEE ID NUMBER  
 (office use only)  
W005

COMMITTEE TYPE (choose one):

**Candidate**

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

Judy Beqay for Coconino County Supervisor District #4

Candidate Information:

Candidate's Name (required): Judy Beqay  
 Candidate's mailing address (required): P.O. Box 2081  
 Candidate's email address (required): judybeqay93@yahoo.com  
 Candidate's phone number (required): (928) 255 8213  
 Candidate's website (if any): None

Office Sought (choose one):

- Governor     Secretary of State     Attorney General     State Treasurer  
 Superintendent of Public Instruction     State Mine Inspector     Corporation Commissioner
- State Senate     State House of Representatives     District (required): \_\_\_\_\_  
 County Office: Coconino County Board of Supervisor     District (if applicable): #4  
 City/Town Office: Flagstaff     District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2020

Party Affiliation:  
 (required for partisan offices)

- Democrat     Green     Libertarian     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)  
 Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

**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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 (office use only)  
W005

COMMITTEE INFORMATION:

**Contact Information:**  
 Committee's mailing address (required): P.O. Box 2081, Tuba City, Ar 86045  
 Committee's email address (required): Judy begay for Coconino County Supr. #4  
 Committee's phone number (if any): 928 255 8213  
 Committee's website (if any): None

**Chairperson's Information:**  
 Chairperson's name (required): Judy begay for Coconino County Supr. Dist #4  
 Chairperson's physical address (required): Judy begay 16 miles ~~W~~ E. of Tuba City  
 Chairperson's mailing address (if different): P.O. Box 2081 Tuba City Ar 86045  
 Chairperson's email address (required): Judy begay 93 @ yahoo.com  
 Chairperson's phone number (required): (928) 255 8213  
 Chairperson's employer (required): Navajo Nation Gaming Enterprise  
 Chairperson's occupation (required): Player's Club Supervisor

**Treasurer's Information:**  
 Treasurer's name (required): Judy begay  
 Treasurer's physical address (required): 16 miles E. of Tuba City Ar  
 Treasurer's mailing address (if different): PO box 2081 Tuba City Ar 86045  
 Treasurer's email address (required): Judy begay 93 @ yahoo.com  
 Treasurer's phone number (required): (928) 255 - 8213  
 Treasurer's employer (required): NINGE  
 Treasurer's occupation (required): Player's Club Supervisor

**Bank or Financial Institution:**  
 Bank name (required): Wells Fargo Bank  
 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: 8/7/2020

Treasurer's signature: [Signature] Date: 8/7/2020

Candidate's signature (if applicable): [Signature] Date: 8/7/2020