

Initial Application
 Amended Application
 Date: 8/17/20



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

W-005

RECEIVED
 COMMITTEE NUMBER
 (office use only)
AUG 21 2020
 Coconino County Elections

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information:
 Candidate's Name (required): Judy Begay
 Candidate's mailing address (required): PO Box 2081
 Candidate's email address (required): judybegay93@yahoo.com
 Candidate's phone number (required): (928) 255-8213
 Candidate's website (if any): _____

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 District (if applicable): #4
 City/Town Office: Flagstaff, AZ District (if applicable): _____

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

Party Affiliation: Democrat Green Libertarian Republican Other: _____
 (required for partisan offices)

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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COMMITTEE ID NUMBER
 (office use only)
W-00T

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): Judy begay Campaign Committee *PO Box 2081, Tuba City, Az 86045*
 Committee's email address (required): judy begay 93a yahoo.com
 Committee's phone number (if any): (928) 255-8213
 Committee's website (if any): None

Chairperson's Information:
 Chairperson's name (required): Loretta Chino
 Chairperson's physical address (required): [Redacted] *Tuba City, Az. 86045*
 Chairperson's mailing address (if different): P.O. Box 3225 Tuba City, Az 86045
 Chairperson's email address (required): reddachino@yahoo.com
 Chairperson's phone number (required): (928) 679-0855
 Chairperson's employer (required): Retired
 Chairperson's occupation (required): Homemaker

Treasurer's Information:
 Treasurer's name (required): Denise Canyon
 Treasurer's physical address (required): [Redacted] *Tuba City, Az. 86045*
 Treasurer's mailing address (if different): P.O. Box 3184 Tuba City, Az. 86045
 Treasurer's email address (required): Canyon-De yahoo.com
 Treasurer's phone number (required): (928) 606-5050
 Treasurer's employer (required): Salt River Project
 Treasurer's occupation (required): Analyst

Bank or Financial Institution:
 Bank name (required): Wells Fargo Bank
 Additional bank name (if applicable): N/A
 Additional bank name (if applicable): N/A

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: 8/18/2020
 Treasurer's signature: [Signature] Date: 8/18/2020
 Candidate's signature (if applicable): [Signature] Date: 8/18/2020