



YAVAPAI COUNTY COMMITTEE STATEMENT OF ORGANIZATION



Initial Application [] Amended Application

DATE 2.24.22 ID# (office use only) SCH22-004

FOR OFFICE USE ONLY

COMMITTEE TYPE (choose one)

CANDIDATE form with fields for name, address, phone, and office sought (School District Governing Board - District: Prescott Unified School District)

Political Action Committee (PAC) form with fields for name, political function, and sponsor information

POLITICAL PARTY form with fields for name, jurisdiction, and special status

Please complete both sides of this form.

COMMITTEE INFORMATION


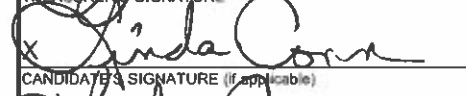

COMMITTEE'S MAILING ADDRESS (required) 435 Sunny Cove Circle		CITY Prescott	STATE AZ	ZIP 86303
COMMITTEE'S EMAIL ADDRESS (required) Lconn8900@aol.com		COMMITTEE'S PHONE NUMBER (if any) 714 865 5525	COMMITTEE'S WEBSITE (if any)	
CHAIRPERSON'S INFORMATION				
CHAIRPERSON'S NAME (required)				
CHAIRPERSON'S PHYSICAL ADDRESS (required)		CITY	STATE	ZIP
CHAIRPERSON'S MAILING ADDRESS (if different)		CITY	STATE	ZIP
CHAIRPERSON'S EMAIL ADDRESS (required)		CHAIRPERSON'S EMPLOYER (required)		
CHAIRPERSON'S PHONE NUMBER (required)		CHAIRPERSON'S OCCUPATION (required)		
TREASURER'S INFORMATION				
TREASURER'S NAME (required) LINDA CONN				
TREASURER'S PHYSICAL ADDRESS (required) 435 Sunny Cove Circle		CITY Prescott	STATE AZ	ZIP 86303
TREASURER'S MAILING ADDRESS (if different)		CITY	STATE	ZIP
TREASURER'S EMAIL ADDRESS (required) Lconn8900@aol.com		TREASURER'S EMPLOYER (required) retired		
TREASURER'S PHONE NUMBER (required) 714-865-5525		TREASURER'S OCCUPATION (required) retired		

BANK OR FINANCIAL INSTITUTION INFORMATION DO NOT LIST ACCOUNT NUMBERS

BANK NAME (required) OneAZ Credit Union	ADDITIONAL BANK NAME (if applicable)	ADDITIONAL BANK NAME (if applicable)
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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.

X CHAIRPERSON'S SIGNATURE 	DATE 2-24-22
X TREASURER'S SIGNATURE 	DATE 2-24-22
X CANDIDATE'S SIGNATURE (if applicable) 	DATE 2-24-22

FOR OFFICE USE ONLY	<input type="checkbox"/> Entered in database	<input type="checkbox"/> Posted to yavapai.us/elections/vr
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