

- Initial Application
 - Amended Application
- Date: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

CC2017-01

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):

- 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: _____ District (if applicable): _____

City/Town Office: _____ District (if applicable): _____

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

Party Affiliation:
(required for partisan offices)

- Democrat Green Libertarian Republican Other: _____

RECEIVED
DEC 19 2016
BY: E. Brown

RECEIVED
DEC 20 2016
BY: E. Brown

Political Action Committee (PAC)

Committee Name (required): _____
(if sponsored, must include sponsor's name)

Elevate Flagstaff in support of Initiative IN2017-01

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)

OT 12/20/16

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: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 17 N. San Francisco St. Suite 1B Flagstaff, AZ 86001
 Committee's email address (required): info@elevateflagstaff.com
 Committee's phone number (if any): N/A
 Committee's website (if any): www.elevateflagstaff.com

Chairperson's Information:

Chairperson's name (required): Ryan Brannon
 Chairperson's physical address (required): 2505 N. 1st St. #2 Flagstaff, AZ 86004
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): rynoflavin@gmail.com
 Chairperson's phone number (required): 407-808-1680
 Chairperson's employer (required): Flagstaff Brewing Company
 Chairperson's occupation (required): Bartender

Treasurer's Information:

Treasurer's name (required): Kristen Cornetta
 Treasurer's physical address (required): *3021 N Peakview Dr. Flagstaff, AZ 86001
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): blondiediva@yahoo.com
 Treasurer's phone number (required): 928-600-0676
 Treasurer's employer (required): Shoes and Such
 Treasurer's occupation (required): Manager

Bank or Financial Institution:
 (do not list acct numbers)

Bank name (required): National Bank of Arizona
 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: _____ Date: 12-18-2016

Treasurer's signature: K Cornetta Date: 12/19/16

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