

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
CC2017-06

RECEIVED
 OCT 25 2017
 BY: Eckert

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Coral 4 Flagstaff
 (first or last name & office)

Candidate Information: Candidate's Name (required): Coral Evans
 Candidate's mailing address (required): 518 S Gleary, Ste 001
 Candidate's email address (required): Coral4flag@gmail
 Candidate's phone number (required): 928-600-6104
 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: Mayor District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2018

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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STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 518 S. O'Leary St. Flagstaff, AZ 86001
Committee's email address (required): loraf4flag@gmail
Committee's phone number (if any): 928-600-6604
Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): _____
Chairperson's physical address (required): _____
Chairperson's mailing address (if different): _____
Chairperson's email address (required): _____
Chairperson's phone number (required): _____
Chairperson's employer (required): _____
Chairperson's occupation (required): _____

Treasurer's Information:

Treasurer's name (required): ERI CONEN
Treasurer's physical address (required): 900 N. SWITZER CANYON DR, #131, FLAGSTAFF, AZ, 86001
Treasurer's mailing address (if different): _____
Treasurer's email address (required): ECCONEN@GMAIL.COM
Treasurer's phone number (required): 928-814-7365
Treasurer's employer (required): SELF
Treasurer's occupation (required): I.T. CONSULTANT

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

Bank name (required): National Bank of AZ
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: Cora J. Lewis Date: 10/25/17

Treasurer's signature: Eri Conen Date: 10/25/17

Candidate's signature (if applicable): Cora J. Lewis Date: 10/20/2017