

Initial Application  
 Amended Application  
Date: 4/6/2018



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
CC 2018-03

RECEIVED  
APR - 9 2018  
BY: E. Salas

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): REGINA SALAS FOR FLAGSTAFF CITY COUNCIL  
(first or last name & office)

Candidate Information: Candidate's Name (required): REGINA C. SALAS  
Candidate's mailing address (required): 2435 E. EVA LOOP, FLAGSTAFF, AZ 86004  
Candidate's email address (required): ReginaSalasforFLG@gmail.com  
Candidate's phone number (required): 928.699.4272  
Candidate's website (if any): https://www.reginasalasforflg.com/

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: Council  District (if applicable): \_\_\_\_\_

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

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):  Contributions  Candidate-Related Independent Expenditures  
(select any that apply)  Ballot Measure Expenditures  Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): \_\_\_\_\_  
(if applicable) 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): 2700 S. Woodlands Vill. Blvd. #300-257, Flagstaff, AZ 86001  
 Committee's email address (required): ReginaSalasforFLG@gmail.com  
 Committee's phone number (if any): 928.6994272  
 Committee's website (if any): https://www.reginasalasforflg.com/

*Chairperson's Information:* Chairperson's name (required): Scott Talboom  
 Chairperson's physical address (required): 356 Dine, Flagstaff, AZ 86005  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): taladvert928@gmail.com  
 Chairperson's phone number (required): 928.699.4008  
 Chairperson's employer (required): Coconino Community College  
 Chairperson's occupation (required): Foundation Executive Director

*Treasurer's Information:* Treasurer's name (required): Heather Pierce  
 Treasurer's physical address (required): 1350 S. Thompson, Flagstaff, AZ 86001  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): pierceheather27@gmail.com  
 Treasurer's phone number (required): 520.390.9004  
 Treasurer's employer (required): Safelite Autoglass  
 Treasurer's occupation (required): Employee

*Bank or Financial Institution:* Bank name (required): One AZ Credit Union  
 (do not list acct numbers) 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: 4-5-18

Treasurer's signature: [Signature] Date: 4/4/18

Candidate's signature (if applicable): [Signature] Date: 4-6-2018