

- Initial Application  
 Amended Application

Date: \_\_\_\_\_

**RECEIVED**  
SEP 22 2021  
BY: SS



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

CC 2021-02

COMMITTEE TYPE (choose one):

**Candidate**

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

Lori Matthews for Flagstaff

Candidate Information:

Candidate's Name (required): Lori Matthews

Candidate's mailing address (required): 49 E Tranquil Lane, Flagstaff AZ 86005

Candidate's email address (required): LoriMatthewsforFlagstaff@protonmail.com

Candidate's phone number (required): 928-707-4049

Candidate's website (if any): www.LoriMatthewsforFlagstaff.org

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

Election Cycle for Office Sought (year the election will take place) (required): 2022

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): 2700 S Woodlands Village Blvd #300-225, Flagstaff AZ 86001  
Committee's email address (required): LoriMatthewsforFlagstaff@protonmail.com  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Lori Matthews  
Chairperson's physical address (required): 49 E Tranquil Lane, Flagstaff, AZ 86005  
Chairperson's mailing address (if different): 2700 S Woodlands Village Blvd, #300-225, Flagstaff AZ 86001  
Chairperson's email address (required): LoriMatthewforFlagstaff@protonmail.com  
Chairperson's phone number (required): 928-707-4049  
Chairperson's employer (required): ANEW Living, Inc  
Chairperson's occupation (required): Executive Director

**Treasurer's Information:** Treasurer's name (required): Deborah Sue Skiles  
Treasurer's physical address (required): 2206 N East Street, Flagstaff AZ 86004  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): debbiesskiles@gmail.com  
Treasurer's phone number (required): 928-266-3211  
Treasurer's employer (required): Sunshine Rescue Mission  
Treasurer's occupation (required): Administrative Director

**Bank or Financial Institution:** Bank name (required): Foothills Bank  
(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: \_\_\_\_\_ Date: 9/22/21

Treasurer's signature: Deborah S. Skiles Date: Sept 21, 2021

Candidate's signature (if applicable): \_\_\_\_\_ Date: 9/22/21