

Initial Application
 Amended Application
 Date: 08/02/2022



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)

RECEIVED
 AUG 03 2022
 BY: [Signature]

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information:
 Candidate's Name (required): REGINA SALAS
 Candidate's mailing address (required): 2700 S. Woodlands Vill. Blvd #300-257, Flagstaff, AZ 86001
 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):
 County Office: _____ District (if applicable): _____
 City/Town Office: City of Flagstaff Council District (if applicable): _____
 School Board Office: _____ District (if applicable): _____
 Special District Board: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): Nov. 8, 2022

Party Affiliation: (required for partisan offices)
 Democrat Green Libertarian Republican Other: Independent

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)

Initial Application
 Amended Application
 Date: 08/02/2022



**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) 699-4272
 Committee's website (if any): https://www.reginasalasforflg.com/

Chairperson's Information: Chairperson's name (required): Gillian Bleeker
 Chairperson's physical address (required): 5400 E. Empire Ave Flagstaff, AZ 86004
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): Gillian@landscapeconnection.biz
 Chairperson's phone number (required): (928) 526-9052
 Chairperson's employer (required): The Landscape Connection
 Chairperson's occupation (required): Management

Treasurer's Information: Treasurer's name (required): Jacquie Kellogg
 Treasurer's physical address (required): 2500 S. Woodlands Vill Blvd Unit 1, Flagstaff, AZ 86001
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): Jacquie489@gmail.com
 Treasurer's phone number (required): (928) 779-5354
 Treasurer's employer (required): West USA Realty Flagstaff
 Treasurer's occupation (required): Realty/Broker

Bank or Financial Institution: Bank name (required): OneAZ 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.

DocuSigned by: _____

Chairperson's signature: Gillian Bleeker Date: 8/2/2022 | 6:17 PM MST

Treasurer's signature: Jacqueline A. Kellogg Date: 8/2/2022 | 6:09 PM MST

Candidate's signature (if applicable): R Salas Date: 8/2/2022 | 6:51 PM MST