

Initial Application  
 Amended Application  
Date: 6-22-2020

# COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
2020-10

JUN 22 REC'D

COMMITTEE TYPE (choose one):

### Candidate

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

Elect Jeri Ann Kooiman P.V. Town Council

Candidate Information:

Candidate's Name (required): Jeri Ann Kooiman

Candidate's mailing address (required): jeriannk2000@yahoo.com

Candidate's email address (required): 1120 E. Yav Way #101 P.O. AZ

Candidate's phone number (required): 928-713-5082

Candidate's website (if any): Elect Jeri Ann Kooiman

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

City/Town Office: Valley     District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2020

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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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): \_\_\_\_\_

Committee's email address (required): \_\_\_\_\_

Committee's phone number (if any): \_\_\_\_\_

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): Julie Slay

Treasurer's physical address (required): 4789 N. Stallion Dr

Treasurer's mailing address (if different): \_\_\_\_\_

Treasurer's email address (required): JulieSlay09@gmail.com

Treasurer's phone number (required): 928-273-5523

Treasurer's employer (required): Koorman Realty LLC

Treasurer's occupation (required): Realtor

Bank or Financial Institution: Bank name (required): Foot hills 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: [Signature] Date: 6-22-2020

Treasurer's signature: [Signature] Date: 6-22-2020

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_