

Initial Application  
 Amended Application  
Date: 7/26/2020

## COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

2020-10

COMMITTEE TYPE (choose one):

### Candidate

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

Candidate Information:

Candidate's Name (required):

Jeri Ann Kodiman

Candidate's mailing address (required):

600 Casa Bella Ave

Candidate's email address (required):

jeriannk2000@yahoo.com

Candidate's phone number (required):

928-712-5082

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

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

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)

Jeri Ann Kodiman -  
Town Council

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: \_\_\_\_\_

COMMITTEE ID NUMBER  
(office use only)

COMMITTEE INFORMATION:

**Contact Information:**  
Committee's mailing address (required): Jeri Ann Kooiman  
Committee's email address (required): jeriannk2000@yahoo  
Committee's phone number (if any): 928-712-5082  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:**  
Chairperson's name (required): Jeri Ann Kooiman  
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): Matt Zurcher  
Treasurer's physical address (required): 6509 E Alwick Way PV 86314  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): mateozurcher@gmail.com  
Treasurer's phone number (required): 928-308-1902  
Treasurer's employer (required): DOT  
Treasurer's occupation (required): Sales

**Bank or Financial Institution:**  
(do not list acct numbers) Bank name (required): National Bank  
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: Jeri Ann Kooiman Date: 2-26-2020  
Treasurer's signature: Matt Zurcher Date: 2-26-2020  
Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_