

Initial Application  
 Amended Application  
 Date: 6-1-21



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION

COMMITTEE ID NUMBER  
 (office use only)  
CC 21-04

RECEIVED

JUN 14 2021

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): KAREN BROOKS FOR D-H COUNCIL

Candidate Information:  
 Candidate's Name (required): KAREN BROOKS  
 Candidate's mailing address (required): P.O. Box 126 Humboldt, AZ 86329  
 Candidate's email address (required): KAREN.BROOKS.721@gmail.com  
 Candidate's phone number (required): 928-583-4256  
 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: Council     District (if applicable): Trow District

Election Cycle for Office Sought (year the election will take place) (required): 2021

Party Affiliation: (required for partisan offices)  
 Democrat     Green     Libertarian     Republican     Other: OFFICE NON-PARTISAN

**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): KAREN BROOKS FOR D-H COUNCIL  
 (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): P.O. Box 126 Humboldt, AZ 86329  
Committee's email address (required): KAREN.BROOKS721@gmail.com  
Committee's phone number (if any): 928-583-4256  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:**  
Chairperson's name (required): KAREN BROOKS  
Chairperson's physical address (required): 2875 CALUMET, HUMBOLDT, AZ 86329  
Chairperson's mailing address (if different): P.O. Box 126 Humboldt, AZ 86329  
Chairperson's email address (required): KAREN.BROOKS721@gmail.com  
Chairperson's phone number (required): 928-583-4256  
Chairperson's employer (required): N/A  
Chairperson's occupation (required): RETIRED

**Treasurer's Information:**  
Treasurer's name (required): KAREN BROOKS  
Treasurer's physical address (required): 2875 CALUMET, HUMBOLDT, AZ 86329  
Treasurer's mailing address (if different): P.O. Box 126 Humboldt, AZ 86329  
Treasurer's email address (required): KAREN.BROOKS721@gmail.com  
Treasurer's phone number (required): 928-583-4256  
Treasurer's employer (required): N/A  
Treasurer's occupation (required): RETIRED

**Bank or Financial Institution:**  
(do not list acct numbers) Bank name (required): PRESOTT FEDERAL CREDIT Union  
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: Karen Brooks Date: 6-1-2021  
Treasurer's signature: Karen Brooks Date: 6-1-2021  
Candidate's signature (if applicable): Karen Brooks Date: 6-1-2021