

Initial Application  
 Amended Application  
 Date: 8/2/2021



**STATE OF ARIZONA**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
PC-21-01

Dewey-Humboldt

COMMITTEE TYPE (choose one):

AUG 02 2021 9:14 AM BC  
 Received

Candidate

Committee Name (required): \_\_\_\_\_

Candidate Information: Candidate's Name (required): \_\_\_\_\_  
 Candidate's mailing address (required): \_\_\_\_\_  
 Candidate's email address (required): \_\_\_\_\_  
 Candidate's phone number (required): \_\_\_\_\_  
 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:  Democrat  Green  Libertarian  Republican  Other: \_\_\_\_\_  
 (required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): Stay Free DH, Krista Lynn Collins Sponsor  
 (if sponsored, must include sponsor's name)

Political Function (optional):  Contributions  Candidate-Related Independent Expenditures  
 (select any that apply)  Ballot Measure Expenditures  Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): Krista Lynn Collins  
 (if applicable) Sponsor's mailing address (required): PO Box 827, Dewey AZ 86327  
 Sponsor's email address (required): lymcs@cahlerne.net  
 Sponsor's phone number (if any): 928-632-5223  
 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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9:14 AM

COMMITTEE INFORMATION:

**Received**

**Contact Information:** Committee's mailing address (required): PO Box 827, Dewey AZ 86327  
 Committee's email address (required): lynncs@cableone.net  
 Committee's phone number (if any): 928-632-5223  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Krista Lynn Collins  
 Chairperson's physical address (required): 455 So. Antelope Dr.  
 Chairperson's mailing address (if different): PO Box 827 Dewey AZ 86327  
 Chairperson's email address (required): lynncs@cableone.net  
 Chairperson's phone number (required): 928-632-5223  
 Chairperson's employer (required): Retired  
 Chairperson's occupation (required): Retired

**Treasurer's Information:** Treasurer's name (required): Scott Clempner  
 Treasurer's physical address (required): 455 So. Antelope Dr  
 Treasurer's mailing address (if different): P.O. Box 827, Dewey AZ  
 Treasurer's email address (required): lynncs@cableone.net  
 Treasurer's phone number (required): 928-633-5223  
 Treasurer's employer (required): Yavapai Prescott Indian Tribe  
 Treasurer's occupation (required): Surveillance Tech, Casino Buckys

**Bank or Financial Institution:** Bank name (required): Credit Union West  
 (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: 7-28-21

Treasurer's signature: [Signature] Date: 7-28-21

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