

Initial Application
 Amended Application
Date: 10/10/2022



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
CAN 22-07

COMMITTEE TYPE (choose one):

Dewey-Humboldt

Candidate

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

Candidate Information: Candidate's Name (required): Krista Lynn Collins

Candidate's mailing address (required): P.O. Box 827, Dewey, 86327

Candidate's email address (required): collins.lynnk@gmail.com

Candidate's phone number (required): 928-632-5223

Candidate's website (if any): None

Office Sought (choose one): County Office: _____ District (if applicable): _____

City/Town Office: Councilmember 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): 2022 Nov 8

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

Political Action Committee (PAC)

Committee Name (required): _____
(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): _____
(if applicable) 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): P.O. Box 827, Dewey, AZ 86327
 Committee's email address (required): Collins.LynnK@gmail.com
 Committee's phone number (if any): 928-632-5223 → it's been working
 Committee's website (if any): N/A

Chairperson's Information:

Chairperson's name (required): Lynn Collins
 Chairperson's physical address (required): 455 So. Antelope Dr. Dewey
 Chairperson's mailing address (if different): P.O. Box 827, Dewey AZ 86327
 Chairperson's email address (required): Collins.LynnK@gmail.com
 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): Lynn Collins
 Treasurer's physical address (required): 455 So. Antelope Dr Dewey
 Treasurer's mailing address (if different): P.O. Box 827, Dewey, AZ 86327
 Treasurer's email address (required): Collins.LynnK@gmail.com
 Treasurer's phone number (required): 928-632-5223
 Treasurer's employer (required): Retired
 Treasurer's occupation (required): retired

Bank or Financial Institution:
(do not list acct numbers)

Bank name (required): Credit Union West
 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: 10-10-22
 Treasurer's signature: [Signature] Date: 10-10-22
 Candidate's signature (if applicable): [Signature] Date: 10-10-22

RECEIVED
 OCT 10 2022
 Dewey-Humboldt