

Initial Application
 Amended Application
 Date: 01/29/2020



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
JC 2020-002

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Jackie Craig for Marana Town Council
 (first or last name & office)

Candidate Information: Candidate's Name (required): Jacqueline Holland-Craig
 Candidate's mailing address (required): 13123 N Sunrise Canyon Ln, Marana, AZ 85658
 Candidate's email address (required): jackiehc@yahoo.com
 Candidate's phone number (required): 520-572-9663
 Candidate's website (if any): www.jackie4marana.com

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: Marana District (if applicable): _____

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

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 ID NUMBER
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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 13123 N Sunrise Canyon Ln, Marana, AZ 85658

Committee's email address (required): jackiehc@yahoo.com

Committee's phone number (if any): 520-572-9663

Committee's website (if any): jackie4marana.com

Chairperson's Information:

Chairperson's name (required): Jacqueline Holland-Craig

Chairperson's physical address (required): 13123 N Sunrise Canyon Ln, Marana, AZ 85658

Chairperson's mailing address (if different): _____

Chairperson's email address (required): jackiehc@yahoo.com

Chairperson's phone number (required): 520-572-9663

Chairperson's employer (required): None

Chairperson's occupation (required): Retired

Treasurer's Information:

Treasurer's name (required): Dennis Russell

Treasurer's physical address (required): 13527 N Heritage Gateway Marana, AZ 85658

Treasurer's mailing address (if different): _____

Treasurer's email address (required): Dennis.Russell@colorado.edu

Treasurer's phone number (required): 720-352-5896

Treasurer's employer (required): Self-Employed

Treasurer's occupation (required): Certified Public Accountant

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

Bank name (required): Wells Fargo

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: 1-29-2020

Treasurer's signature: [Signature] Date: 1-29-2020

Candidate's signature (if applicable): [Signature] Date: 1-29-2020

RECEIVED

JAN 29 2020

Town of Marana
Clerk's Office

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