

RECEIVED

MAR 16 2020

COMMITTEE ID NUMBER
(office use only)

2020-CAND-001

Initial Application

Amended Application

Date: 3-16-20



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

BY: [Signature] 1:00 P.M.

COMMITTEE TYPE (choose one):

Candidate

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

ERIC DANIELS, COOLIDGE CITY COUNCIL

Candidate Information:

Candidate's Name (required): ERIC DANIELS

Candidate's mailing address (required): 117 N CHolla ST

Candidate's email address (required): DANIELS2019@GMAIL.COM

Candidate's phone number (required): 520-87-1241

Candidate's website (if any): ERICDANIELS2019.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: _____ District (if applicable): _____

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

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)

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)

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STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

BY: N. Lopez
J. N.

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): 117 N CHolla ST Coolidge AZ 85128
 Committee's email address (required): ericdaniels4coolidge@gmail.com
 Committee's phone number (if any): 570-252-1241
 Committee's website (if any): ericdanielsaz.com

Chairperson's Information:
 Chairperson's name (required): KATHERINE GARCIA-SMITH
 Chairperson's physical address (required): 1607 S. 7th ST. Coolidge AZ 85128
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): kgarciasmithk18@gmail.com
 Chairperson's phone number (required): 570-705-6977
 Chairperson's employer (required): N/A
 Chairperson's occupation (required): Students

Treasurer's Information:
 Treasurer's name (required): Anacellia Daniels
 Treasurer's physical address (required): 117 N CHolla ST Coolidge AZ 85128
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): adfe823@yahoo.com
 Treasurer's phone number (required): 570-840-4026
 Treasurer's employer (required): NA
 Treasurer's occupation (required): student

Bank or Financial Institution:
 Bank name (required): FINAL COUNTY FEDERAL CREDIT UNION
 (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: Katherine Garcia-Smith Date: 03/14/2020
 Treasurer's signature: adfe Date: 3/14/2020
 Candidate's signature (if applicable): Eric Daniels Date: 03/14/2020