

Initial Application
 Amended Application
Date: 4/16/24



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
C2024-03

RECEIVED

APR 16 2024

COMMITTEE TYPE (choose one):

CITY OF SEDONA
CITY CLERK'S OFFICE

Candidate

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

Katherine Todd 4 Sedona Council

Candidate Information:

Candidate's Name (required):

Katherine Todd

Candidate's mailing address (required):

30 Forest Circle Sedona, AZ 86336

Candidate's email address (required):

katherine@4sedona.com

Candidate's phone number (required):

928.421.1224

Candidate's website (if any):

KatherineTodd4Sedona.com

Office Sought (choose one):

County Office:

District (if applicable):

City/Town Office:

Sedona City Council

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):

2024

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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OF ORGANIZATION**

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(office use only)
C2024-03

Initial Application
 Amended Application
Date: **4/16/24**

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 30 Forest Circle Sedona, AZ 86336
 Committee's email address (required): Katherine@4Sedona.com
 Committee's phone number (if any): 928.421.1224
 Committee's website (if any): KatherineTodd4Sedona.com

Chairperson's Information: Chairperson's name (required): Dawn Koss
 Chairperson's physical address (required): 30 Emerald Ct Sedona AZ 86336
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): dmkoss1964@gmail.com
 Chairperson's phone number (required): 760.580.2296
 Chairperson's employer (required): Retired
 Chairperson's occupation (required): Retired

Treasurer's Information: Treasurer's name (required): Daniel Todd
 Treasurer's physical address (required): 30 Forest Circle, Sedona AZ 86336
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): daniel.todd@gmail.com
 Treasurer's phone number (required): 206.7169.3722
 Treasurer's employer (required): Influence Mobile
 Treasurer's occupation (required): Executive Officer

Bank or Financial Institution: Bank name (required): BMO
 (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: 4.15.24
 Treasurer's signature: [Signature] Date: 04/15/2024
 Candidate's signature (if applicable): [Signature] Date: 04/15/2024