

Initial Application  
 Amended Application  
Date: 3/9/2020



**YUMA COUNTY**  
**COMMITTEE STATEMENT OF**  
**ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

2020-03

COMMITTEE TYPE (choose one):

MAR 31 2020 PM 3:09

**Candidate**

**Committee Name (required):** Lines for Yuma County D2 Supervisor  
(first or last name & office)

**Candidate Information:** Candidate's Name (required): Jonathan Lines

Candidate's mailing address (required): \_\_\_\_\_

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

Candidate's phone number (required): \_\_\_\_\_

Candidate's website (if any): \_\_\_\_\_

**Office Sought (choose one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Assessor                | <input checked="" type="checkbox"/> Board of Supervisors -- District <u>2</u> |
| <input type="checkbox"/> Attorney                | <input type="checkbox"/> Constable -- Precinct _____                          |
| <input type="checkbox"/> Clerk of Superior Court | <input type="checkbox"/> Justice of the Peace -- Precinct _____               |
| <input type="checkbox"/> Recorder                | <input type="checkbox"/> Superior Court Judge- Division _____                 |
| <input type="checkbox"/> School Superintendent   | <input type="checkbox"/> Other Office: _____                                  |
| <input type="checkbox"/> Sheriff                 | District (if applicable) _____  |
| <input type="checkbox"/> Treasurer               |   |

**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)  Bailot 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): \_\_\_\_\_  
Committee's email address (required): jwlines@gmail.com  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Jonathan Lines  
Chairperson's physical address (required): \_\_\_\_\_  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): jwlines@gmail.com  
Chairperson's phone number (required): \_\_\_\_\_  
Chairperson's employer (required): \_\_\_\_\_  
Chairperson's occupation (required): VP, Lines & Lundgreen Roofing and Insulation, Inc.

**Treasurer's Information:** Treasurer's name (required): D. PAGE MISENHIMER  
Treasurer's physical address (required): 3069 W 12TH LANE  
Treasurer's mailing address (if different): 3069 W 12TH LANE  
Treasurer's email address (required): PAGE.DIST5@GMAIL.COM  
Treasurer's phone number (required): 928 920 4259  
Treasurer's employer (required): MISENHIMER-ATUZIAN FRENCH PC  
Treasurer's occupation (required): CERTIFIED PUBLIC ACCOUNTANT

**Bank or Financial Institution:** Bank name (required): 1st BANK YUMA  
(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: \_\_\_\_\_ Date: 3/29/20

Treasurer's signature: \_\_\_\_\_ Date: 3/29/20

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

**Click here to email completed form**