

- Initial Application
- Amended Application
- Date: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

COMMITTEE TYPE (choose one):

Candidate

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

Koejan Campaign Committee

Candidate Information:

Candidate's Name (required): John Koejan Campaign Committee
 Candidate's mailing address (required): Box 612 Page AZ
 Candidate's email address (required): john@becklegacygroup.com
 Candidate's phone number (required): (928) 660-0163
 Candidate's website (if any): _____

Office Sought (choose one):

County Office: _____ District (if applicable): _____
 City/Town Office: 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): _____

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

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): P.O. Box 612 Page, AZ 86040
Committee's email address (required): john@becklegacygroup.com
Committee's phone number (if any): (928) 660-0163
Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): John Kacjan
Chairperson's physical address (required): 112 9th Ave Page, AZ
Chairperson's mailing address (if different): P.O. Box 612 Page, AZ 86040
Chairperson's email address (required): john@becklegacygroup.com
Chairperson's phone number (required): (928) 660-0163
Chairperson's employer (required): Lake Powell Confluence Center, Red Stone Hotel
Chairperson's occupation (required): Consultant

Treasurer's Information:

Treasurer's name (required): John Kacjan
Treasurer's physical address (required): 112 9th Ave
Treasurer's mailing address (if different): Box 612 Page, AZ 86040
Treasurer's email address (required): john@becklegacygroup.com
Treasurer's phone number (required): (928) 660-0163
Treasurer's employer (required): LPRC & Redstone Hotel group
Treasurer's occupation (required): Consultant

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

Bank name (required): _____
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: Aug 8/2024

Treasurer's signature: [Signature] Date: Aug 8/2024

Candidate's signature (if applicable): [Signature] Date: Aug 8/2024

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Handwritten notes and signatures, including the name "W. J. ...".

Faint handwritten notes or scribbles on the left side of the page.