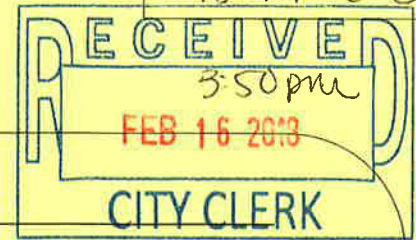


Initial Application  
 Amended Application  
 Date: 2/16



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
18-NP-005



COMMITTEE TYPE (choose one):

**Candidate**

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

Norona for Mayor

Candidate Information:

Candidate's Name (required):

Nicole Norona

Candidate's mailing address (required):

[REDACTED]

LHC AZ

Candidate's email address (required):

norona@thenoronaeffect.com

86403

Candidate's phone number (required):

[REDACTED]

Candidate's website (if any):

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): 4th

County Office: \_\_\_\_\_     District (if applicable): \_\_\_\_\_

City/Town Office: Mayor     District (if applicable): 4th District

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

November 2018 - November 2022

Party Affiliation:

- 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)

Initial Application  
 Amended Application  
Date: \_\_\_\_\_



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

## COMMITTEE INFORMATION:

### Contact Information:

Committee's mailing address (required): [REDACTED] LHC AZ 86403  
Committee's email address (required): [REDACTED].COM  
Committee's phone number (if any): N/A  
Committee's website (if any): n/a

### Chairperson's Information:

Chairperson's name (required): Nicole Norona  
Chairperson's physical address (required): [REDACTED] LHC AZ 86403  
Chairperson's mailing address (if different): [REDACTED] LHC AZ 86403  
Chairperson's email address (required): norona@thenoronaeffect.com  
Chairperson's phone number (required): [REDACTED]  
Chairperson's employer (required): The Norona Effect, Inc  
Chairperson's occupation (required): President

### Treasurer's Information:

Treasurer's name (required): Michelle Founders  
Treasurer's physical address (required): [REDACTED] LHC AZ 864  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): [REDACTED].COM  
Treasurer's phone number (required): \_\_\_\_\_  
Treasurer's employer (required): Printing Plus  
Treasurer's occupation (required): Printer

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

Bank name (required): Monave State Bank  
Additional bank name (if applicable): N/A  
Additional bank name (if applicable): N/A

## 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: [REDACTED] Date: 02/16/2018

Treasurer's signature: [REDACTED] Date: 2/16/2018

Candidate's signature (if applicable): [REDACTED] Date: 02/16/2018