

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEDERAL CENTER

2007 FEB 15 AM 11:12

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

COCONINO COUNTY LIBERTARIAN PARTY

ADDRESS (number and street)

P.O. BOX 50770

(Check if address is changed)

PARIS

AZ

86018

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

NEW

TREASURER@COCONINOLPAZ.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.coconinolpaz.org

COMMITTEE'S FAX NUMBER

928-779-7151

2. DATE

01 31 2007

3. FEC IDENTIFICATION NUMBER ▶

C00429969

4. IS THIS STATEMENT

NEW (N)

OR

X

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

George Squyres

Signature of Treasurer

[Handwritten signature of George Squyres]

Date

01 31 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  SUB (National, State or subordinate) committee of the  LBT (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

ARIZONIA LIBERTARIAN PARTY \_\_\_\_\_

Mailing Address PO BOX 50777 \_\_\_\_\_

PHOENIX AZ 85076-0777

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship AFFILIATED \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

27059374055

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name GEORGE SQUYRES

Mailing Address P.O. BOX 50770

PARKS AZ 86018

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 928 - 779 - 7151

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer GEORGE SQUYRES

Mailing Address P.O. BOX 50770

PARKS AZ 86018

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 928 - 779 - 7151

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

27038418072

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

NATIONAL BANK OF ARIZONA

Mailing Address

103 N LEROUX ST

FLAGSTAFF AZ 86001-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

WELLS FARGO NA

Mailing Address

211 N LEROUX ST

FLAGSTAFF AZ 86001-

CITY ▲

STATE ▲

ZIP CODE ▲

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**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*[Signature]*  
 PREPARER

*05-07*  
 DATE PREPARED

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