

Initial Application  
 Amended Application  
Date: 4-28-2022



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

CAN-2022-7

Date Received: 4-28-2022  
Date of Filing: \_\_\_\_\_  
Date of Approval: \_\_\_\_\_

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): P.O. Box 1415  
Committee's email address (required): wendyescoffier@gmail.com  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Wendy Escoffier  
Chairperson's physical address (required): 1050 E. Rancho Rd, Camp Verde, AZ 86322  
Chairperson's mailing address (if different): P.O. Box 1415, Camp Verde, AZ 86322  
Chairperson's email address (required): wendyescoffier@gmail.com  
Chairperson's phone number (required): (928) 821-1315  
Chairperson's employer (required): Not Applicable  
Chairperson's occupation (required): Retired

**Treasurer's Information:** Treasurer's name (required): Bonni Jo Drye  
Treasurer's physical address (required): 1055 E. Rancho Rd, Camp Verde, AZ 86322  
Treasurer's mailing address (if different): 1055 E. Rancho Rd, Camp Verde, AZ 86322  
Treasurer's email address (required): bonnijodrye@gmail.com  
Treasurer's phone number (required): (928) 853-6358  
Treasurer's employer (required): Not Applicable  
Treasurer's occupation (required): Retired

**Bank or Financial Institution:** Bank name (required): Chase  
(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: Wendy Escoffier Date: 4/28/2022  
Treasurer's signature: Bonni Jo Drye Date: 4/28/2022  
Candidate's signature (if applicable): Wendy Escoffier Date: 4/28/2022

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CAV-2022-7

Date Received 4-28-2022

Date Accepted \_\_\_\_\_

Date Rejected \_\_\_\_\_

COMMITTEE TYPE (choose one):

**Candidate**

**Committee Name (required):** Wendy Escoffier for Council  
(first or last name & office)

**Candidate Information:** Candidate's Name (required): Wendy Escoffier

Candidate's mailing address (required): P.O. Box 1415, Camp Verde, AZ 86322

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

Candidate's phone number (required): (928) 821-1315

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

**Office Sought (choose one):**  County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office: Camp Verde Town Council member  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):** 2022

**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)  Ballot 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)