

APPENDIX B- SAMPLE LOCAL STATEMENT OF ORGANIZATION

<input type="checkbox"/> Initial Application <input type="checkbox"/> Amended Application Date: _____	 STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION	COMMITTEE ID NUMBER (office use only) CAN-24-01
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COMMITTEE TYPE (choose one):

☒ **Candidate**

Committee Name (required): Patricia Saybold for Camp Verde Town Council

Candidate Information:

Candidate's Name (required): Patricia Saybold

Candidate's mailing address (required): 4468 N. Caughran Rd, Camp Verde, AZ

Candidate's email address (required): patricia.saybold24@gmail.com

Candidate's phone number (required): 502-320-9866

Candidate's website (if any): NA

Office Sought (choose one): ☒ County Office: _____ ☐ District (if applicable): _____

☒ City/Town Office: Council ☐ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2024

Party Affiliation: ☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: _____

☐ **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: (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)

Arizona Secretary of State Revision 7/28/21

☒ 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): 4468 N Caughran Rd, Camp Verde, AZ
 Committee's email address (required): patricia.saybold24@gmail.com 86722
 Committee's phone number (if any): 502-320-9866
 Committee's website (if any): NA

Chairperson's Information: Chairperson's name (required): Patricia Saybold
 Chairperson's physical address (required): 4468 N Caughran Rd, Camp Verde, AZ
 Chairperson's mailing address (if different): _____ 86722
 Chairperson's email address (required): patricia.saybold24@gmail.com
 Chairperson's phone number (required): 502-320-9866
 Chairperson's employer (required): NA Retired
 Chairperson's occupation (required): Retired

Treasurer's Information: Treasurer's name (required): Patricia Saybold
 Treasurer's physical address (required): 4468 N Caughran Rd, Camp Verde, AZ
 Treasurer's mailing address (if different): _____ 86722
 Treasurer's email address (required): patricia.saybold24@gmail.com
 Treasurer's phone number (required): 502-320-9866
 Treasurer's employer (required): Retired
 Treasurer's occupation (required): Retired

Bank or Financial Institution: Bank name (required): Wells Fargo
 (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: [Signature] Date: 04/24/2024
 Treasurer's signature: [Signature] Date: 04/24/2024
 Candidate's signature (if applicable): [Signature] Date: 04/24/2024

RECEIVED
 BY: _____

APR 30 2024

☒ Initial Application
☐ Amended Application
Date 4/18/2024



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

CAN-2401

COMMITTEE INFORMATION

Contact Information:

Committee's mailing address (required) 4468 N Caughran Rd, Camp Verde
Committee's email address (required) patricia.seybold24@gmail.com AZ 86322
Committee's phone number (if any) 502-320-9866
Committee's website (if any) _____

Chairperson's Information:

Chairperson's name (required) Patricia Seybold
Chairperson's physical address (required) 4468 N Caughran Rd, Camp Verde, AZ
Chairperson's mailing address (if different) 86322
Chairperson's email address (required) _____
Chairperson's phone number (required) _____
Chairperson's employer (required) _____
Chairperson's occupation (required) _____

Treasurer's Information:

Treasurer's name (required) Patricia Seybold
Treasurer's physical address (required) _____
Treasurer's mailing address (if different) _____
Treasurer's email address (required) _____
Treasurer's phone number (required) _____
Treasurer's employer (required) _____
Treasurer's occupation (required) _____

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

Bank name (required) National Bank of Arizona
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 04/18/2024

Treasurer's signature

[Signature]

Date 04/18/2024

Candidate's signature (if applicable)

[Signature]

Date 04/18/2024

RECEIVED
BY: [Signature]

APR 18 2024