☐ Initial Application
☐ Amended Application
Date: _____

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

RECEIVED
JAN 24 2022
Town of Cave Creek

COMMITTEE ID NUMBER (office use only)
PAC2022-01

COMMITTEE TYPE (choose one):

☑ **Candidate**

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

Candidate Information:
Candidate's Name (required): Eileen Wright
Candidate's mailing address (required): 7488 E. Highland Rd Cave Creek
Candidate's email address (required): eileenanne wright@gmail.com
Candidate's phone number (required): 480-784-7804
Candidate's website (if any): _____

Office Sought (choose one):
☐ County Office: _____ ☐ District (if applicable): _____
☐ City/Town Office: Mayor Cave Creek ☐ 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): Eileen for Mayor
(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)

☐ 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): 7488 E. Highland Rd Cave Creek Az
Committee's email address (required): eileenannewright@gmail.com
Committee's phone number (if any): 480-784-7804
Committee's website (if any): —

Chairperson's Information:
Chairperson's name (required): Eileen Wright
Chairperson's physical address (required): 7488 E. Highland Rd Cave Creek Az
Chairperson's mailing address (if different): 7488 E. Highland Rd Cave Creek
Chairperson's email address (required): eileenannewright@gmail.com
Chairperson's phone number (required): 480-784-7804
Chairperson's employer (required): NA – none
Chairperson's occupation (required): retired

Treasurer's Information:
Treasurer's name (required): Eileen Wright
Treasurer's physical address (required): 7488 E. Highland Rd Cave Creek
Treasurer's mailing address (if different): 7488 E. Highland Rd Cave Creek
Treasurer's email address (required): eileenannewright@gmail.com
Treasurer's phone number (required): 480.784.7804
Treasurer's employer (required): NA
Treasurer's occupation (required): retired – none

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): Wells Fargo
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: Eileen Wright Date: 1.24.2022

Treasurer's signature: Eileen Wright Date: 1.24.2022

Candidate's signature (if applicable): Eileen Wright Date: 1.24.2022

Date: _____

STATE OF ARIZONA COMMITTEE TERMINATION STATEMENT

COMMITTEE ID NUMBER

COMMITTEE INFORMATION:

Committee name: Eileen for Mayor

Mailing address: 7488 E. Highland Rd Cave Creek Az

Email address: eileenannewright@gmail.com

Phone number: 480-784-7804

Website:

Chairperson name: Eileen Wright

Treasurer: Eileen Wright

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that: (1) the committee will no longer receive any contributions or make any disbursements; (2) the committee either (a) has no outstanding debts or obligations, or (b) has outstanding debts or obligations that are all more than five years old, and the committee's creditors have agreed to discharge the debts and obligations and have agreed to the termination of the committee; (3) any surplus monies have been disposed of and that the committee has no cash on hand; and (4) all contributions and expenditures have been reported, including any disposal of surplus monies.

Chairperson's signature: Eileen Wright Date: 1-24-2022

Treasurer's signature: Eileen Wright Date: 1-24-2022

Candidate's signature (if applicable): Eileen Wright Date: 1-24-2022