

- Initial Application
- Amended Application

Date: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

PC2022-02

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): _____ 04-14-22 A09:23 IN Eak
(first or last name & office)

Candidate Information: Candidate's Name (required): _____
Candidate's mailing address (required): _____
Candidate's email address (required): _____
Candidate's phone number (required): _____
Candidate's website (if any): _____

Office Sought (choose one): County Office: _____ District (if applicable): _____
 City/Town Office: _____ 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): _____

Party Affiliation: Democrat Green Libertarian Republican Other: _____
(required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): Reclaim Our Town (ROT)
(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 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable) 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 Standing Committee (must also complete separate standing committee registration)
(if applicable)

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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 10417 N. Nelson Dr. Fountain Hills, AZ 85268
Committee's email address (required): ROT092858@gmail.com
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Crystal Cavanaugh
Chairperson's physical address (required): 13855 N Sunset Dr. Fountain Hills, AZ 85268
Chairperson's mailing address (if different): _____
Chairperson's email address (required): crystal.cavanaugh@ymail.com
Chairperson's phone number (required): (319) 431-8010
Chairperson's employer (required): none
Chairperson's occupation (required): retired

Treasurer's Information: Treasurer's name (required): Lawrence E. Meyers
Treasurer's physical address (required): 10417 N. Nelson Dr. Fountain Hills, AZ 85268
Treasurer's mailing address (if different): _____
Treasurer's email address (required): larry1061@cox.net
Treasurer's phone number (required): (480) 332-8922
Treasurer's employer (required): none
Treasurer's occupation (required): retired

Bank or Financial Institution: Bank name (required): Chase MidFirst
(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: 04/14/2022

Treasurer's signature: [Signature] Date: 04/14/2022

Candidate's signature (if applicable): _____ Date: _____