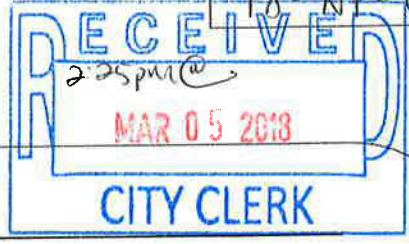


Initial Application  
 Amended Application  
Date: \_\_\_\_\_



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
18-NP-003



COMMITTEE TYPE (choose one):

**Candidate**

**Committee Name (required):** Committee to Elect Cal Sheehy Mayor \_\_\_\_\_  
(first or last name & office)

**Candidate Information:**

**Candidate's Name (required):** Cal Sheehy \_\_\_\_\_

**Candidate's mailing address (required):** \_\_\_\_\_, Lake Havasu City, AZ 86403

**Candidate's email address (required):** \_\_\_\_\_ .com

**Candidate's phone number (required):** \_\_\_\_\_

**Candidate's website (if any):** www.calsheehy.com \_\_\_\_\_

**Office Sought (choose one):**

<input type="checkbox"/> Governor	<input type="checkbox"/> Secretary of State	<input type="checkbox"/> Attorney General	<input type="checkbox"/> State Treasurer
<input type="checkbox"/> Superintendent of Public Instruction	<input type="checkbox"/> State Mine Inspector	<input type="checkbox"/> Corporation Commissioner	
<input type="checkbox"/> State Senate	<input type="checkbox"/> State House of Representatives	<input type="checkbox"/> District (required): _____	
<input type="checkbox"/> County Office: _____	<input type="checkbox"/> District (if applicable): _____		
<input checked="" type="checkbox"/> City/Town Office: Lake Havasu City Mayor _____	<input type="checkbox"/> District (if applicable): _____		

**Election Cycle for Office Sought (year the election will take place) (required):** 2018 \_\_\_\_\_

**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:** (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)

<input type="checkbox"/> Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
<input type="checkbox"/> Standing Committee (must also complete separate standing committee registration)
<input type="checkbox"/> 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:**

<input type="checkbox"/> State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
<input type="checkbox"/> County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
<input type="checkbox"/> Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
<input type="checkbox"/> City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

**Special Status** (if applicable)

<input type="checkbox"/> Standing Committee (must also complete separate standing committee registration)
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Initial Application  
 Amended Application  
 Date: \_\_\_\_\_



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
 18-NP-003

**COMMITTEE INFORMATION:**

**Contact Information:** Committee's mailing address (required): \_\_\_\_\_  
 Committee's email address (required): \_\_\_\_\_ .com  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): www.calsheehy.com

**Chairperson's Information:** Chairperson's name (required): Kathryn Felke \_\_\_\_\_  
 Chairperson's physical address (required): \_\_\_\_\_ Lake Havasu City, AZ 86406  
 Chairperson's mailing address (if different): \_\_\_\_\_ Lake Havasu City, AZ 86403  
 Chairperson's email address (required): \_\_\_\_\_ .com  
 Chairperson's phone number (required): \_\_\_\_\_  
 Chairperson's employer (required): All Digital Rewards  
 Chairperson's occupation (required): CEO

**Treasurer's Information:** Treasurer's name (required): Mike Bonney \_\_\_\_\_  
 Treasurer's physical address (required): \_\_\_\_\_ Lake Havasu City, AZ 86403  
 Treasurer's mailing address (if different): \_\_\_\_\_ Lake Havasu City, AZ 86403  
 Treasurer's email address (required): \_\_\_\_\_ .com  
 Treasurer's phone number (required): \_\_\_\_\_  
 Treasurer's employer (required): GDK CPA, LLC  
 Treasurer's occupation (required): Accountant

**Bank or Financial Institution:** Bank name (required): Mohave State Bank \_\_\_\_\_  
 (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: \_\_\_\_\_ Date: 3/1/2018  
 Treasurer's signature: \_\_\_\_\_ Date: 2/22/18  
 Candidate's signature (if applicable): \_\_\_\_\_ Date: 2/5/18

