	Initial Application
	Amended Application
Da	ite:



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

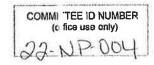
COMMITTEE ID NUMBER (of ice use only)

COMM

TYPE (choose one):	CITY CLERK				
■ Candidate					
Committee Name (required) first or last name & office)	Committee to Re-Elect Cal Sheehy Mayor				
Candidate Information:	Candidate's Name (required): Cal Sheehy				
	Candidate's mailing address (required): Lake Havasu City, AZ 8640				
	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: Mayor, Lake Havasu City ☐ District (if applicable): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
	School Board Office: District (if applicable)				
	□ Special District Board: □ □ District (if applicable):				
Election Cycle for Office Sou	ght (year the election will take place) (required): 2022				
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:				
El Polítical Action Comr Committee Name (required): (if sponsored, must include	nittee (PAC)				
Political Action Com	nittee (PAC) □ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures				
E Political Action Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	Contributions				
El Political Action Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable)	Contributions				
☐ Political Action Comm Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	Contributions				
■ Political Action Comm Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status	Contributions				
El Political Action Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable)	Contributions				
☐ Political Action Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship information: (if applicable) ☐ Political Party Committee Name (required)	Contributions				
☐ Political Action Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) ☐ Political Party Committee Name (required) (must include party affiliation	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures 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): □ 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 filling officer) (amended applications only □ 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)				
☐ Political Action Comm Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) ☐ Political Party Committee Name (required) (must include party affiliation	Contributions				

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COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):	Lake Havasu City, AZ 864
	Committee's email address (required):	.com
	Committee's phone number (If any);	
	Committee's website (if any):	com
Chairperson's Information:	Chairperson's name (required): Kathryn Felke	The Committee of the Co
	Chairperson's physical address (required):	Lake Havasu City, AZ 86403
	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):	
	Chairperson's occupation (required): CEO	
Treasurer's Information:	Treasurer's name (required): Mike Bonney	
	Treasurer's physical address (required):	Lake Havasu City, AZ 864
	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):	
	Treasurer's occupation (required): Accountant	
Bank or Financial Institution:	Easthille Bank	Samuel Control of the
(do not list acct numbers)	Additional bank name (if applicable):	
	Additional bank name (if applicable):	

DECLARATION AND SIGNATURES:

chairperson or treasurer of the committee named he committee and authorize it to receive/make contribut	information is true and correct. I further declare that I: (1) consent to serve as irein, if applicable; (2) designate the above-named committee as my official condidate tions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's comply with Arizona election law, including campaign finance laws codified at A.R.S. iffications and legal service of process for campaign finance purposes via the amail
addless(cs) provided fierents	
Chairperson's signature	Date: 01/17/2022
Treasurer's signature:	Date: 1/25/22
Candidate's signature (if applicable):	Date: