

Initial Application  
 Amended Application  
 Date: 4/22/26



**STATE OF ARIZONA RECEIVED**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION** APR 22 2026  
 CITY CLERK

COMMITTEE ID NUMBER  
 (office use only)  
 \$ 26-NP-001

COMMITTEE TYPE (choose one):

**Candidate**

**Committee Name (required):** SAM SCARMARDO 4 CITY COUNCIL  
 (first or last name & office)

**Candidate Information:** Candidate's Name (required): SALVATORE SCARMARDO  
 Candidate's mailing address (required): [REDACTED]  
 Candidate's email address (required): [REDACTED]  
 Candidate's phone number (required): [REDACTED]  
 Candidate's website (if any): \_\_\_\_\_

**Office Sought (choose one):**  County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_  
 City/Town Office: CITY COUNCIL  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):** 2026

**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:** 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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26-NP-001

COMMITTEE INFORMATION:

**Contact Information:**  
 Committee's mailing address (required): 3551 AMBERWOOD AVE LHC 04  
 Committee's email address (required): ACOYTE@CITLINK.NET  
 Committee's phone number (if any): 928-231-3480  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:**  
 Chairperson's name (required): EYLLA SCARMARDO  
 Chairperson's physical address (required): [REDACTED] LHC 04  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): [REDACTED]  
 Chairperson's phone number (required): \_\_\_\_\_  
 Chairperson's employer (required): RETIRED  
 Chairperson's occupation (required): RETIRED

**Treasurer's Information:**  
 Treasurer's name (required): PAMELA FORD  
 Treasurer's physical address (required): [REDACTED] LHC 06  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): [REDACTED]  
 Treasurer's phone number (required): \_\_\_\_\_  
 Treasurer's employer (required): RETIRED  
 Treasurer's occupation (required): RETIRED

**Bank or Financial Institution:**  
 (do not list acct numbers)  
 Bank name (required): FOOTHILLS BANK  
 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: Eyella Scarmardo Date: 4-14-26  
 Treasurer's signature: Pamela Ford Date: 4-15-26  
 Candidate's signature (if applicable): [REDACTED] Date: 4-15-26

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COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 3551 AMBERWOOD AVE LTC 04  
 Committee's email address (required): ACOYTE@CITLINK.NET  
 Committee's phone number (if any): 928-231-3480  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): EYLLIN SCARMARDO  
 Chairperson's physical address (required): \_\_\_\_\_ LTC 04  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): \_\_\_\_\_  
 Chairperson's phone number (required): \_\_\_\_\_  
 Chairperson's employer (required): RETIRED  
 Chairperson's occupation (required): RETIRED

**Treasurer's Information:** Treasurer's name (required): PAHELA FORD  
 Treasurer's physical address (required): \_\_\_\_\_ LTC 06  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): \_\_\_\_\_  
 Treasurer's phone number (required): \_\_\_\_\_  
 Treasurer's employer (required): RETIRED  
 Treasurer's occupation (required): RETIRED

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 (do not list acct numbers) Additional bank name (if applicable): \_\_\_\_\_  
 Additional bank name (if applicable): \_\_\_\_\_

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Chairperson's signature: Eylin Scarmardo Date: 4-14-26  
 Treasurer's signature: Pahele A. Ford Date: 4-15-26  
 Candidate's signature (if applicable): \_\_\_\_\_ Date: 4-15-26

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 APR 15 2026  
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