

Initial Application
 Amended Application
 Date: _____



**PINAL COUNTY
 COMMITTEE STATEMENT OF
 ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
RECEIVED
 MAY 11 2018
 Pinal County Elections Dept.

C20180511
 COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): CAVANAUGH FOR JUSTICE OF PEACE
 (first or last name & office)

Candidate Information: Candidate's Name (required): KEVIN CAVANAUGH
 Candidate's mailing address (required): 2114 W APACHE TRAIL #2, PMB 96
 Candidate's email address (required): INFO@CAVANAUGHFORJP.COM
 Candidate's phone number (required): 424-248-8896
 Candidate's website (if any): CAVANAUGHFORJP.COM

AS
85120

Office Sought (choose one): Governor Secretary of State Attorney General State Treasurer
 Superintendent of Public Instruction State Mine Inspector Corporation Commissioner

State Senate State House of Representatives District (required): _____

County Office: JUSTICE PEACE District (if applicable): 6

City/Town Office: _____ 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): _____
 (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 (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: _____



PINAL COUNTY COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 2114 W APACHE TRAIL SUITE # 7 ^{PMB 96}
Committee's email address (required): INFO@CAVANAUGHFORSP.COM ^{APACHE JUNCTION AZ 85119}
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): KEVIN CAVANAUGH
Chairperson's physical address (required): 3719 N CANYON CREST PLACE
Chairperson's mailing address (if different): 2114 W APACHE TRAIL, SUITE # 7, PMB 96, 85120 ^{APACHE JUNCTION AZ 85119}
Chairperson's email address (required): INFO@CAVANAUGHFORSP.COM
Chairperson's phone number (required): 424-428-8896
Chairperson's employer (required): RETIRED
Chairperson's occupation (required): RETIRED

Treasurer's Information:

Treasurer's name (required): KEVIN CAVANAUGH
Treasurer's physical address (required): 3719 N CANYON CREST PL. APACHE JUNCT AZ 85119
Treasurer's mailing address (if different): 2114 W APACHE TR, SUITE # 7, PMB 96, APACHE ^{JUNCTION 85119}
Treasurer's email address (required): INFO@CAVANAUGHFORSP.COM
Treasurer's phone number (required): 424-248-8896
Treasurer's employer (required): RETIRED
Treasurer's occupation (required): RETIRED

Bank or Financial Institution: (do not list acct numbers)

Bank name (required): ART NATIONAL BANK OF ARIZONA
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: 5-11-18

Treasurer's signature: _____ Date: 5-11-18

Candidate's signature (if applicable): _____ Date: 5-11-18