

Initial Application
 Amended Application
 Date _____



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
C2020102

1200

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): KEVIN CAVANAUGH FOR COUNTY SUPERVISOR
 (first or last name & office)

Candidate Information: Candidate's Name (required): KEVIN CAVANAUGH
 Candidate's mailing address (required): 324 WHARDING AVE. COOLIDGE AZ 85128
 Candidate's email address (required): KEVIN.F.CAVANAUGH@GMAIL.COM
 Candidate's phone number (required): (317) 915-1111
 Candidate's website (if any): _____

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: SUPERVISOR DIST 1 District (if applicable): _____
 City/Town Office: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): _____

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

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): 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)

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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
20201012

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 324 W HARDING AVE COOLIDGE AZ
 Committee's email address (required): KEVIN.F.CAVANAUGH@GMAIL.COM
 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): 324 W HARDING AVE, COOLIDGE AZ 85128
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): KEVIN.F.CAVANAUGH@GMAIL.COM
 Chairperson's phone number (required): (317) 915-1111
 Chairperson's employer (required): ADVANCED CONVERTING, TEMPE AZ
 Chairperson's occupation (required): ACCOUNTANT

Treasurer's Information: Treasurer's name (required): KEVIN CAVANAUGH
 Treasurer's physical address (required): 324 W HARDING AVE COOLIDGE AZ 85128
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): KEVIN.F.CAVANAUGH@GMAIL.COM
 Treasurer's phone number (required): (317) 915-1111
 Treasurer's employer (required): ADVANCED CONVERTING, TEMPE, AZ
 Treasurer's occupation (required): ACCOUNTANT

Bank or Financial Institution: Bank name (required): PINAL FEDERAL CREDIT UNION
 (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: 6-24-20
 Treasurer's signature: [Signature] Date: 6-24-20
 Candidate's signature (if applicable): [Signature] Date: 6-24-20

filed via email 10/12/2020