



COMMITTEE ID NUMBER
(office use only)

2 2024-003

COMMITTEE TYPE (choose one):

Candidate	Friends of Patrick Cavanaugh
irst or last name & office)	
andidate Information:	Candidate's Name (required): Patrick Cavanaugh
	Candidate's mailing address (required):
	Candidate's email address (required): patrick4marana@gmail.com
	Candidate's phone number (required):
	Candidate's website (if any):
Office Sought (choose one):	□ County Office: □District (if applicable): □Di
	■ City/Town Office: □ District (if applicable):
	□ School Board Office: □ District (if applicable):
	☐ Special District Board: ☐District (if applicable):
	wht (year the election will take place) (required):
Party Affiliation: required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
☐ Political Action Comn  Committee Name (required): if sponsored, must include sponsor's name)	nittee (PAC)
	☐ Contributions ☐ Candidate-Related Independent Expenditures
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
(select any that apply)	Dallot Measure Experioration 2 Noodii 2
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
Special Status (if applicable)	☐ Standing Committee (must also complete separate standing committee registration)
(ii applicable)	☐ 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)

JAN 29 2024





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## COMMITTEE INFORMATION

	Contact Information:	Committee's mailing address (required):  Committee's email address (required):  patrick4marana@gmail.com
		Committee's phone number (if any): patrick4marana.com
		Committee's website (if any): Patrick Cavanaugh
	Chairperson's Information:	Chairperson's name (required): Patrick Cavanaugh
		Chairperson's physical address (required):
		Chairperson's mailing address (if different):
		Chairperson's mailing address (if different):  Chairperson's email address (required):  patrick4marana@gmail.com
	×	Chairperson's phone number (required):
		Chairperson's employer (required):
		Chairperson's occupation (required):
	Treasurer's Information:	Treasurer's name (required): Greg Johnsen
		Treasurer's physical address (required):
		Treasurer's mailing address (if different):
		Treasurer's email address (required):
		Treasurer's phone number (required):
		Treasurer's employer (required):
		Treasurer's occupation (required):
	Bank or Financial Institution:	Bank name (required):
/	(do not list acct numbers)	Additional bank name (if applicable):
1		Additional bank name (if applicable):

## DECLARATION AND SIGNATURES:

1	
	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 purposes via the email
	§§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign infance purposes via the critical
	address(es) provided herein.
	Plate: 1-27-24
	Chairperson's signature:
	Treasurer's signature:
	27-24
	Candidate's signature (if applicable)
1	

**RECEIVED** 

JAN 29 2024