

Initial Application
 Amended Application
Date: 06-30-21



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

20-01

RECEIVED
TOWN OF QUARTZSITE

JUN 30 2020

TOWN CLERK'S
OFFICE

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required):
(first or last name & office)

Amber Myers

Candidate Information:

Candidate's Name (required):

Amber Myers

Candidate's mailing address (required):

PO Box Quartzsite AZ 85346

Candidate's email address (required):

myersformayor2021@gmail.com

Candidate's phone number (required):

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: District (if applicable):

City/Town Office: Mayor District (if applicable):

Election Cycle for Office Sought (year the election will take place) (required): 2020

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):
(select any that apply)

Contributions Candidate-Related Independent Expenditures
 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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 Amended Application
 Date: 06-30-2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
20-01

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): PO Box Quartzsite AZ 85346
 Committee's email address (required): myersfor mayor 2021@gmail.com
 Committee's phone number (if any): _____
 Committee's website (if any): _____

Chairperson's Information:
 Chairperson's name (required): Amber Myers
 Chairperson's physical address (required): 745 W. Mountain View Ln Quartzsite AZ
 Chairperson's mailing address (if different): PO Box Quartzsite AZ 85346 85346
 Chairperson's email address (required): myersfor mayor 2021@gmail.com
 Chairperson's phone number (required): _____
 Chairperson's employer (required): N/A
 Chairperson's occupation (required): N/A

Treasurer's Information:
 Treasurer's name (required): Amber Myers
 Treasurer's physical address (required): 745 W. Mountain View Ln Quartzsite AZ 85346
 Treasurer's mailing address (if different): PO Box Quartzsite AZ 85346
 Treasurer's email address (required): myersfor mayor 2021@gmail.com
 Treasurer's phone number (required): _____
 Treasurer's employer (required): N/A
 Treasurer's occupation (required): N/A

Bank or Financial Institution:
 Bank name (required): Wells Fargo
 (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: 6-29-2020
 Treasurer's signature: [Signature] Date: 6-29-2020
 Candidate's signature (if applicable): _____ Date: 6-29-2020

Date: 06-30-2020



**STATE OF ARIZONA
COMMITTEE TERMINATION
STATEMENT**

COMMITTEE ID NUMBER

20-01

COMMITTEE INFORMATION:

Committee name: Myers for Mayor
Mailing address: PO Box 1, Quartzsite AZ 85346
Email address: myersformayor2021@gmail.com
Phone number: _____
Website: _____
Chairperson name: Amber Myers
Treasurer: Amber Myers

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that: (1) the committee will no longer receive any contributions or make any disbursements; (2) the committee either (a) has no outstanding debts or obligations, or (b) has outstanding debts or obligations that are all more than five years old, and the committee's creditors have agreed to discharge the debts and obligations and have agreed to the termination of the committee; (3) any surplus monies have been disposed of and that the committee has no cash on hand; and (4) all contributions and expenditures have been reported, including any disposal of surplus monies.

Chairperson's signature: [Signature] Date: 6-29-2020
Treasurer's signature: [Signature] Date: 6-29-2020
Candidate's signature (if applicable): [Signature] Date: 6-29-2020