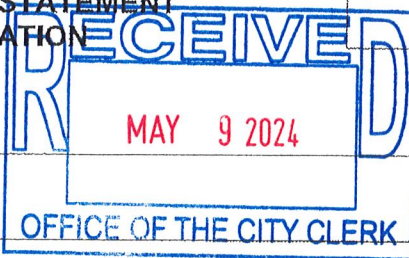


Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)



C-2024-003

COMMITTEE TYPE (choose one):

Candidate

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

Lynne Mullaney

Candidate Information:

Candidate's Name (required): Lynne Mullaney
 Candidate's mailing address (required): 5377 Chula Vista Place, S.V. AZ
 Candidate's email address (required): lynnemullaney307@gmail.com
 Candidate's phone number (required): 520 559-4831
 Candidate's website (if any): _____

Office Sought (choose one):

- County Office: _____ District (if applicable): _____
 City/Town Office: Council Member 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): 2024

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)

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 5377 Chula Vista Pl. S.V. AZ
 Committee's email address (required): lynneemailaney307@gmail.com
 Committee's phone number (if any): 520 559-4831
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Lynne Mullaney
 Chairperson's physical address (required): 5377 Chula Vista Pl. Sierra Vista AZ 85635
 Chairperson's mailing address (if different): 5377 Chula Vista Pl. Sierra Vista AZ 85635
 Chairperson's email address (required): lynne.mullaney307@gmail.com
 Chairperson's phone number (required): 520 559-4831
 Chairperson's employer (required): Cochise Health & Racquet Club
 Chairperson's occupation (required): Manager

Treasurer's Information: Treasurer's name (required): Lynne Mullaney
 Treasurer's physical address (required): 5377 Chula Vista Pl. S.V. AZ 85635
 Treasurer's mailing address (if different): 5377 Chula Vista Pl. S.V. AZ 85635
 Treasurer's email address (required): lynne.mullaney307@gmail.com
 Treasurer's phone number (required): 520 559-4831
 Treasurer's employer (required): Cochise Health & Racquet Club
 Treasurer's occupation (required): Manager

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: Lynne Mullaney Date: 5-8-2024
 Treasurer's signature: Lynne Mullaney Date: 5-8-2024
 Candidate's signature (if applicable): Lynne Mullaney Date: 5-8-2024