

Initial Application  
 Amended Application  
Date: \_\_\_\_\_



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

**FILED WITH  
CITY CLERK**

Date: 4-5-2021 Hr. 10:37 AM  
Sign: \_\_\_\_\_

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): Re-Elect Mayor Mengarelli  
(first or last name & office)

Candidate Information:

Candidate's Name (required): Greg Mengarelli

Candidate's mailing address (required): \_\_\_\_\_

Candidate's email address (required): \_\_\_\_\_

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): 2021

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:

(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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COMMITTEE STATEMENT  
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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): \_\_\_\_\_, Prescott 86302

Committee's email address (required): \_\_\_\_\_

Committee's phone number (if any): \_\_\_\_\_

Committee's website (if any): VoteMayor.com

Chairperson's Information:

Chairperson's name (required): Greg Menqarolli

Chairperson's physical address (required): \_\_\_\_\_

Chairperson's mailing address (if different): \_\_\_\_\_

Chairperson's email address (required): \_\_\_\_\_

Chairperson's phone number (required): \_\_\_\_\_

Chairperson's employer (required): City of Prescott

Chairperson's occupation (required): Mayor

Treasurer's Information:

Treasurer's name (required): Pamela E. Jones

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): self-employed

Treasurer's occupation (required): healthcare consultant

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

Bank name (required): Foothills

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: 4/1/2021

Treasurer's signature: Pamela E. Jones

Date: 4/1/2021

Candidate's signature (if applicable): \_\_\_\_\_

Date: 4/1/2021