☒ Initial Application
☐ Amended Application
Date: 5/18/2026

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
2026-01-C
MAY 18 '26 11:03

COMMITTEE TYPE (choose one):

MAY 18 '26 11:03

■ **Candidate**

Committee Name (required): (first or last name & office) Patricia Seybold for Camp Verde Town Council

Candidate Information:
Candidate's Name (required): Paticia Seybold
Candidate's mailing address (required): 4468 N Caughran Rd, Camp Verde, AZX 86322
Candidate's email address (required): patricia.seybold26@gmail.com
Candidate's phone number (required): (502) 320-9866
Candidate's website (if any): patricia-seybold.com

Office Sought (choose one):
☐ County Office: _____ ☐ District (if applicable): _____
■ City/Town Office: Counselor ☐ 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): _____

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): 4468 N Caughran Rd, Camp Verde, AZ 86322
Committee's email address (required): patricia.,seybold26@gmail.com
Committee's phone number (if any): (502) 320-9866
Committee's website (if any): patricia-seybold26@gmail.com

Chairperson's Information:
Chairperson's name (required): Patricia Seybold
Chairperson's physical address (required): 4468 N Caughran Rd, Camp Verde, AZ 86322
Chairperson's mailing address (if different): _____
Chairperson's email address (required): patricia.,seybold26@gmail.com
Chairperson's phone number (required): (502) 320-9866
Chairperson's employer (required): Retired
Chairperson's occupation (required): Retired

Treasurer's Information:
Treasurer's name (required): Patricia Seybold
Treasurer's physical address (required): 4468 N Caughran Rd, Camp Verde, AZ 86322
Treasurer's mailing address (if different): _____
Treasurer's email address (required): patricia.,seybold26@gmail.com
Treasurer's phone number (required): (502) 320-9866
Treasurer's employer (required): Retired
Treasurer's occupation (required): Retired

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): Wells Fargo
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: 05/18/2026

Treasurer's signature: _____ Date: 05/18/2026

Candidate's signature (if applicable): _____ Date: 05/18/2026