## Received via email on September 15, 2023 ${\bf VB}$

■ Initial Application
■ Amended Application
Date: 04/15/2023



COMMITTEE ID NUMBER (office use only)

CAN 24-01

## COMMITTEE TYPE (choose one):

/ -	
Committee Name (required): first or last name & office)	Goettl For Maricopa
•	Candidate's Name (required): Fric Goetti
	Candidate's Name (required): Eric Goettl  Candidate's mailing address (required): 44021 W Snow Drive, Maricopa, AZ 85138
	Candidate's email address (required): egoettl@protonmail.com
	Candidate's phone number (required): (480) 375-5425
	Candidate's website (if any):  County Office:
,	
	City/Town Office: Maricopa City Council
	□ School Board Office: □ District (if applicable): □
	□ Special District Board: □ District (if applicable):
Election Cycle for Office Soug	tht (year the election will take place) (required): 2024
Party Affiliation: required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
☐ Political Action Comm	nittee (PAC)
Committee Name (required):	
if sponsored, must include sponsor's name)	
if sponsored, must include sponsor's name)	
if sponsored, must include sponsor's name)  Political Function (optional):	
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures  Sponsor's name or nickname (required):
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if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)  Special Status if applicable)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  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): □ 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)
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)  Special Status if applicable)  Political Party  Committee Name (required):	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  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): □ 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)
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)  Special Status if applicable)  Political Party  Committee Name (required): (must include party affiliation)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  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): □ 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) □ 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)
if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)  Special Status if applicable)  Political Party  Committee Name (required): (must include party affiliation)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  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): □ 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) □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)



COMMITTEE ID NUMBER (office use only)

## COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): 44021 W Snow Dr, Maricopa, AZ 85138
		Committee's email address (required): goettl4maricopa@protonmail.com
		Committee's phone number (if any):
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): Eric Goettl
		Chairperson's physical address (required): 44021 W Snow Dr, Maricopa, AZ 85138
		Chairperson's mailing address (if different):
		Chairperson's email address (required): goettl4maricopa@protonmail.com
		Chairperson's phone number (required): (480) 375-5425
		Chairperson's employer (required): Corporation of the President and City of Maricopa
		Chairperson's occupation (required): Religious Educator and Councilmember
	Treasurer's Information:	Treasurer's name (required): Scott Holmes
		Treasurer's physical address (required): 43967 W Windrose Dr, Maricopa, AZ 85138
		Treasurer's mailing address (if different):
		Treasurer's email address (required): scott.holmez@gmail.com
		Treasurer's phone number (required): (480) 266-2558
		Treasurer's employer (required): Intel
		Treasurer's occupation (required): Engineer
	Bank or Financial Institution:	Bank name (required): Desert Financial CU
	(do not list acct numbers)	Additional bank name (if applicable):
		Additional bank name (if applicable):
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## **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: 04/15/2023

Treasurer's signature:

Date: 04/15/2023

Candidate's signature (if applicable):

Date: 04/15/2023