

Initial Application  
 Amended Application  
Date: 5-15-2024



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
M-2024-01

Received

COMMITTEE TYPE (choose one):

MAY 15 2024

Candidate

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

KEITH EATON FOR FLORENCE MAYOR

Florence  
Town Clerk's Office

Candidate Information:

Candidate's Name (required): KEITH EATON

Candidate's mailing address (required): 7200 W. HERITAGE WAY FLORENCE AZ 85132

Candidate's email address (required): electeatonmayor@gmail.com

Candidate's phone number (required): 928-530-0393

Candidate's website (if any): \_\_\_\_\_

Office Sought (choose one):

County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office: MAYOR  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)

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(office use only)

COMMITTEE INFORMATION:

**Contact Information:**  
 Committee's mailing address (required): 7200 W. HERITAGE WAY FLORENCE AZ 85132  
 Committee's email address (required): electeatonmayor@gmail.com  
 Committee's phone number (if any): 928-530-0393  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:**  
 Chairperson's name (required): KEITH EATON  
 Chairperson's physical address (required): 7200 W. HERITAGE WAY FLORENCE AZ 85132  
 Chairperson's mailing address (if different): SAA  
 Chairperson's email address (required): electeatonmayor@gmail.com  
 Chairperson's phone number (required): 928-530-0393  
 Chairperson's employer (required): RETIRED / CONSULTANT (SELF)  
 Chairperson's occupation (required): CONSULTANT

**Treasurer's Information:**  
 Treasurer's name (required): KEITH EATON  
 Treasurer's physical address (required): 7200 W. HERITAGE WAY FLORENCE AZ 85132  
 Treasurer's mailing address (if different): S.A.A.  
 Treasurer's email address (required): electeatonmayor@gmail.com  
 Treasurer's phone number (required): 928-530-0393  
 Treasurer's employer (required): RETIRED / CONSULTANT (SELF)  
 Treasurer's occupation (required): CONSULTANT

**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: \_\_\_\_\_ Date: 4/29/2024  
 Treasurer's signature: \_\_\_\_\_ Date: 4/29/2024  
 Candidate's signature (if applicable): \_\_\_\_\_ Date: 4/29/2024