

Initial Application
 Amended Application
Date: 3-29-2024



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

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

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information: Candidate's Name (required): BRIAN CARNEY
Candidate's mailing address (required): PO BOX 2304, PAGE, AZ 86040
Candidate's email address (required): texcarney@gmail.com
Candidate's phone number (required): 928 640 0324
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: 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: Sponsor's name or nickname (required): _____
(if applicable) 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: 3-29-2024



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

CC-2024-01

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): PO BOX 2304 PAGE AZ 86040

Committee's email address (required): texcarey@gmail.com

Committee's phone number (if any): 928 640 0324

Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): BRIAN CAREY

Chairperson's physical address (required): 1500 WEST VIEW DR PAGE, AZ 86040

Chairperson's mailing address (if different): PO BOX 2304 PAGE AZ 86040

Chairperson's email address (required): texcarey@gmail.com

Chairperson's phone number (required): 928 640 0324

Chairperson's employer (required): RETIRED N/A

Chairperson's occupation (required): RETIRED

Treasurer's Information:

Treasurer's name (required): BRIAN CAREY

Treasurer's physical address (required): 1500 WEST VIEW DR PAGE AZ 86040

Treasurer's mailing address (if different): PO BOX 2304 PAGE AZ 86040

Treasurer's email address (required): texcarey@gmail.com

Treasurer's phone number (required): 928 640 0324

Treasurer's employer (required): N/A

Treasurer's occupation (required): RETIRED

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

Bank name (required): USAA FEDERAL SAVINGS BANK

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: [Signature] Date: 3/29/24

Treasurer's signature: [Signature] Date: 3/29/24

Candidate's signature (if applicable): [Signature] Date: 3/29/24