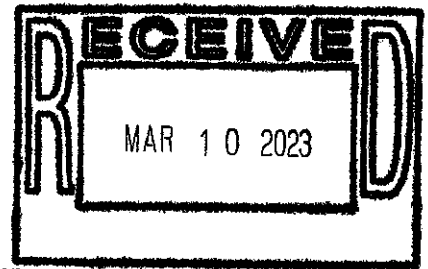




**MARICOPA COUNTY
COMMITTEE
STATEMENT OF ORGANIZATION**



COMMITTEE ID#
PAC-2023-02

Initial Registration

Amended Registration

TYPE OF POLITICAL COMMITTEE (choose one): DATE: 03/10/23

Candidate
 Political Party
(attach proof of qualification pursuant to ARS 16-802, 16-804 or 16-823)
 Political Action Committee (PAC)
 County Party
 Leg Dist Party

COMMITTEE NAME (required) *If sponsored, must include sponsor's name*

Keep Carefree Tax Free

RESIDENCE ADDRESS (Number and Street) 8952 E Cave Creek Road		CITY Carefree	STATE AZ	ZIP 85377
MAILING ADDRESS (if Different from Residence Address) P.O. Box 2014		CITY Carefree	STATE AZ	ZIP 85377
COMMITTEE PHONE # (required) (480) 229-4965	COMMITTEE EMAIL ADDRESS (required) John.Traynor@cox.net			
COMMITTEE WEBSITE (if any) KeepCarefreeTaxFree.com	ELECTION CYCLE (year the election will take place) 2023			

CANDIDATE INFORMATION

CANDIDATE NAME:

PARTY AFFILIATION: OFFICE SOUGHT: (Including District)

RESIDENCE ADDRESS (Number and Street)	CITY	STATE	ZIP
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POLITICAL ACTION COMMITTEE INFORMATION

POLITICAL FUNCTION (select any that apply)

Contributions
 Recall Expenditures
 Candidate Related Independent Expenditures
 Ballot Measure Expenditures

SPECIAL STATUS (if applicable)

Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
 Standing Committee (provide copy of AZSOS registration)
 Mega PAC (provide copy of AZSOS registration)

SPONSORSHIP INFORMATION (if applicable)

NAME OR NICKNAME	PHONE NUMBER
MAILING ADDRESS	
EMAIL ADDRESS	WEBSITE (if any)

BANK ACCOUNT INFORMATION (BANK NAME)



1. 2. 3.

COMMITTEE OFFICER INFORMATION:

CHAIRPERSON (First Name) John		(Last Name) Traynor	
RESIDENCE ADDRESS (Number and Street) 8952 E Cave Creek Road		CITY Carefree	STATE AZ
			ZIP 85377
MAILING ADDRESS (If Different from Residence Address) P.O. Box 2014		CITY Carefree	STATE AZ
			ZIP 85377
CHAIRMAN PHONE # (480) 229-4965	CHAIRMAN EMAIL ADDRESS John.Traynor@cox.net		
CHAIRMAN OCCUPATION Retired	CHAIRMAN EMPLOYER		
TREASURER (First Name) Bob		(Last Name) Schenkel	
RESIDENCE ADDRESS (Number and Street) 7824 E BREATHLESS Drive		CITY Carefree	STATE AZ
			ZIP 85377
MAILING ADDRESS (If Different from Residence Address) P.O. Box 2900		CITY Carefree	STATE AZ
			ZIP 85377
TREASURER TELEPHONE # (480) 252-1674	TREASURER EMAIL ADDRESS bob@bobschenkel.com		
TREASURER OCCUPATION Retired	TREASURER EMPLOYER		

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.

DATE: 03/10/23	CHAIRMAN'S SIGNATURE: 
DATE: 03/10/23	TREASURER'S SIGNATURE: 
DATE:	CANDIDATE'S SIGNATURE (if applicable):