

Initial Application  
 Amended Application  
 Date: 5-1-2019



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
DIST 5 2020-01

S. J. 9:33 AM

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): DSandersForD5  
 (first or last name & office)

Candidate Information: Candidate's Name (required): DAVID SANDERS  
 Candidate's mailing address (required): 16613 N 151ST LN. SURPRISE, AZ 85374  
 Candidate's email address (required): DSandersForD5@gmail.com  
 Candidate's phone number (required): 619-770-9061  
 Candidate's website (if any): \_\_\_\_\_

Office Sought (choose one):  Governor  Secretary of State  Attorney General  State Treasurer  
 Superintendent of Public Instruction  State Mine Inspector  Corporation Commissioner  
 State Senate  State House of Representatives  District (required): \_\_\_\_\_  
 County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_  
 City/Town Office: SURPRISE CITY COUNCIL  District (if applicable): 5

Election Cycle for Office Sought (year the election will take place) (required): FALL 2020

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)

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OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
DZSTS-2020-01

*Signature*

9:33 a.m.

COMMITTEE INFORMATION:

**Contact Information:**  
Committee's mailing address (required): 16613 N 151ST LN. SURPRISE, AZ 85374  
Committee's email address (required): DSandersForD5@gmail.com  
Committee's phone number (if any): 619-770-9061  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:**  
Chairperson's name (required): DAVID SANDERS  
Chairperson's physical address (required): SAME AS ABOVE  
Chairperson's mailing address (if different): SAME AS ABOVE  
Chairperson's email address (required): DSandersForD5@gmail.com  
Chairperson's phone number (required): SAME AS ABOVE  
Chairperson's employer (required): NATIONAL BANK OF AZ, (SURPRISE CITY COUNCIL)  
Chairperson's occupation (required): PORTFOLIO MGR, COUNCIL MEMBER DIST. 5

**Treasurer's Information:**  
Treasurer's name (required): SAME AS ABOVE  
Treasurer's physical address (required): SAME AS ABOVE  
Treasurer's mailing address (if different): SAME AS ABOVE  
Treasurer's email address (required): SAME AS ABOVE  
Treasurer's phone number (required): SAME AS ABOVE  
Treasurer's employer (required): SAME AS ABOVE  
Treasurer's occupation (required): SAME AS ABOVE

**Bank or Financial Institution:**  
(do not list acct numbers)  
Bank name (required): NATIONAL BANK OF AZ  
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: 4/30/19

Treasurer's signature: [Signature] Date: 4/30/19

Candidate's signature (if applicable): [Signature] Date: 4/30/19