

Initial Application  
 Amended Application  
 Date: 03-09-2020



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
DETS-2020-03

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 15930 W. Monte Cristo Ave. Surprise AZ 85374  
 Committee's email address (required): Kawika Henderson for City Council@gmail.com  
 Committee's phone number (if any): 602-999-0699  
 Committee's website (if any): Kawika4Surprise.com

**Chairperson's Information:** Chairperson's name (required): Kawika Henderson  
 Chairperson's physical address (required): 15930 W. Monte Cristo Ave. Surprise AZ 85374  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): Kawika Henderson for City Council@gmail.com  
 Chairperson's phone number (required): 602-999-0699  
 Chairperson's employer (required): Golden Titan Fitness  
 Chairperson's occupation (required): Owner / Operator / Manager

**Treasurer's Information:** Treasurer's name (required): Kawika Henderson  
 Treasurer's physical address (required): 15930 W. Monte Cristo Ave. Surprise AZ 85374  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): Kawika Henderson for City Council@gmail.com  
 Treasurer's phone number (required): 602-999-0699  
 Treasurer's employer (required): Golden Titan Fitness  
 Treasurer's occupation (required): Owner / Operator / Manager

**Bank or Financial Institution:** Bank name (required): 1st convience bank  
 (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: Kawika Henderson Date: 3/6/20  
 Treasurer's signature: Kawika Henderson Date: 3/6/20  
 Candidate's signature (if applicable): Kawika Henderson Date: 3/6/20

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Treasurer's signature: Kawika Henderson Date: 3/6/20

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