

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
RECEIVED

MAR 09 2020 *oc*

COMMITTEE TYPE (choose one):

City Clerk's Office
 City of Bisbee

Candidate

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

DAVID M. SMITH ELECTION COMMITTEE

Candidate Information:

Candidate's Name (required): DAVID M. SMITH
 Candidate's mailing address (required): 301 Cole Ave. Bisbee, AZ 85603
 Candidate's email address (required): dmsbisbee@gmail.com
 Candidate's phone number (required): 520-425-2811
 Candidate's website (if any): www.davidsmithforbisbee.org

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: MAYOR District (if applicable): _____

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

Party Affiliation:
 (required for partisan offices)

- Democrat Green Libertarian Republican Other: N/A

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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STATE OF ARIZONA
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(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 301 Cole Ave. Bisbee AZ 85603
Committee's email address (required): dmsbisbee@gmail.com
Committee's phone number (if any): 520-405-2811
Committee's website (if any): www.davidsmithforbisbee.org

Chairperson's Information: Chairperson's name (required): DAVID M. SMITH
Chairperson's physical address (required): 301 Cole Ave
Chairperson's mailing address (if different): N/A
Chairperson's email address (required): dmsbisbee@gmail.com
Chairperson's phone number (required): 520-405-2811
Chairperson's employer (required): ASSOC FIRE CONSULTANTS
Chairperson's occupation (required): CEO

Treasurer's Information: Treasurer's name (required): DAVID M. SMITH
Treasurer's physical address (required): 301 Cole Ave Bisbee AZ 85603
Treasurer's mailing address (if different): N/A
Treasurer's email address (required): dmsbisbee@gmail.com
Treasurer's phone number (required): 520-405-2811
Treasurer's employer (required): ASSOCIATED FIRE CONSULTANTS
Treasurer's occupation (required): CEO

Bank or Financial Institution: Bank name (required): NATIONAL BANK OF AZ
(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: 2/11/20
Treasurer's signature: _____ Date: 2/11/20
Candidate's signature (if applicable): _____ Date: 2/11/20