

- ☐ Initial Application
☐ Amended Application

Date: _____



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

23-003

COMMITTEE TYPE (choose one):

☒ **Candidate**

Committee Name (required): Chad for City Council
(first or last name & office)

Candidate Information: Candidate's Name (required): Chadwick DeVries

Candidate's mailing address (required): _____

Candidate's email address (required): _____

Candidate's phone number (required): _____

Candidate's website (if any): _____

Office Sought (choose one): ☒ County Office: _____ ☐ District (if applicable): _____

☒ City/Town Office: City Council 4 year ☐ 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): _____

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: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 130 West Gurley St #302 Prescott AZ 86301
Committee's email address (required): _____
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Timothy Mitzel
Chairperson's physical address (required): _____
Chairperson's mailing address (if different): _____
Chairperson's email address (required): _____
Chairperson's phone number (required): _____
Chairperson's employer (required): FCA - Fellowship of Christian Atheletes
Chairperson's occupation (required): Executive Director

Treasurer's Information: Treasurer's name (required): David A Snyder - CPA
Treasurer's physical address (required): 325 S Montezuma, Prerscott AZ 86303
Treasurer's mailing address (if different): _____
Treasurer's email address (required): _____
Treasurer's phone number (required): _____
Treasurer's employer (required): David A Snyder CPA, PLLC - Self
Treasurer's occupation (required): CPA

Bank or Financial Institution: Bank name (required): Foothills 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: Timothy Mitzel Date: 2/5/2023

Treasurer's signature: David A Snyder Date: 2/5/2023

Candidate's signature (if applicable): _____ Date: 2/5/23