

- Initial Application
- Amended Application
- Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

C-19-03

RECEIVED

COMMITTEE TYPE (choose one):

AUG 12 2019

Candidate

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

Elect OD Harris

CITY OF CHANDLER

CITY CLERK

Candidate Information:

Candidate's Name (required):

OD Harris

Candidate's mailing address (required):

1900 W Carla Vista Dr Chandler, AZ 85224

Candidate's email address (required):

od@electodharris.com

Candidate's phone number (required):

480 532 6087

Candidate's website (if any):

www.electodharris.com

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: Chandler City Council

District (if applicable): \_\_\_\_\_

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

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):  
(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)

Initial Application  
 Amended Application  
Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

C-19-03

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 1900 W Carla Vista Dr Chandler, AZ 85224  
Committee's email address (required): Vote @electodharris.com  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): www.electodharris.com

**Chairperson's Information:** Chairperson's name (required): OD Harris  
Chairperson's physical address (required): 731 W Indigo  
Chairperson's mailing address (if different): 1900 W Carla Vista Dr Chandler, AZ 85224  
Chairperson's email address (required): od @electodharris.com  
Chairperson's phone number (required): 480 532 6087  
Chairperson's employer (required): Wisdom Tax & Business Consulting  
Chairperson's occupation (required): Entrepreneur

**Treasurer's Information:** Treasurer's name (required): Elizabeth Ward  
Treasurer's physical address (required): 731 W Indigo  
Treasurer's mailing address (if different): 1900 W Carla Vista Dr #7708 Chandler AZ 85224  
Treasurer's email address (required): finance @electodharris.com  
Treasurer's phone number (required): 480 532 6087  
Treasurer's employer (required): Maricopa Community  
Treasurer's occupation (required): Engagement Coordinator

**Bank or Financial Institution:** Bank name (required): Enterprise 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: [Signature] Date: 8/12/19  
Treasurer's signature: [Signature] Date: 8-12-19  
Candidate's signature (if applicable): [Signature] Date: 8-12-19