

Initial Application  
 Amended Application  
 Date: 04/09/2018



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
CAN 2018-09

*Recd  
 4-9-18  
 9:25am  
 KM*

COMMITTEE TYPE (choose one):

**Candidate**

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

DENISON; Mesa City Council Dist #3

Candidate Information:

Candidate's Name (required): STEPHEN L DENISON  
 Candidate's mailing address (required): 2660 S. Iglesia Circle - Mesa  
 Candidate's email address (required): Stephendenison@yahoo.com  
 Candidate's phone number (required): 480-310-0277  
 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: Mesa City Council     District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2018

Party Affiliation:  
 (required for partisan offices)

- Democrat     Green     Libertarian     Republican     Other: \_\_\_\_\_

**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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COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 2660 S. Iglesia Circle; Mesa AZ 85202  
Committee's email address (required): Stephendenisn@yahoo.com  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): STEPHEN DENISON  
Chairperson's physical address (required): 2660 S. Iglesia Circle; Mesa AZ 85202  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): Stephendenisn@yahoo.com  
Chairperson's phone number (required): 480-310-0277  
Chairperson's employer (required): Retired / part time CSM corp  
Chairperson's occupation (required): Auditor

**Treasurer's Information:** Treasurer's name (required): STEPHEN DENISON  
Treasurer's physical address (required): 2660 S. Iglesia Circle; Mesa AZ 85202  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): Stephendenisn@yahoo.com  
Treasurer's phone number (required): 480-310-0277  
Treasurer's employer (required): Retired / part time CSM corp  
Treasurer's occupation (required): Auditor

**Bank or Financial Institution:** Bank name (required): Chase 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: 1 Apr '18  
Treasurer's signature: [Signature] Date: 1 Apr '18  
Candidate's signature (if applicable): [Signature] Date: 1 Apr '18