

Initial Application
 Amended Application
Date: 10-15-19

COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
2020-02

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Committee to elect Dr David Dohm for Prescott Valley City Council
(first or last name & office)

Candidate Information:
Candidate's Name (required): David C Dohm
Candidate's mailing address (required): 5616 N Bronco Lane
Candidate's email address (required): electdaviddohm@gmail.com
Candidate's phone number (required): 352-232-1741
Candidate's website (if any): www.daviddohm.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: City Council District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 08/04/2020

Party Affiliation: (required for partisan offices) Democrat Green Libertarian Republican Other: _____

Political Action Committee (PAC)

Committee Name (required): Committee to elect David Dohm to Prescott Valley City Council
(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): David Dohm
Sponsor's mailing address (required): 5616 N Bronco Lane Prescott Valley AZ
Sponsor's email address (required): electdaviddohm@gmail.com
Sponsor's phone number (if any): 352-232-1741
Sponsor's website (if any): www.daviddohm.com

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): Committee to Elect David Dohm to Prescott City Council
(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: 10/10/19

COMMITTEE ID NUMBER
 (office use only)
8109-01

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 5616 N Bronco Lane Prescott Valley, AZ 86314
 Committee's email address (required): electdaviddohm@gmail.com
 Committee's phone number (if any): 352-232-1741
 Committee's website (if any): www.daviddohm.com

Chairperson's Information: Chairperson's name (required): David C Dohm
 Chairperson's physical address (required): 5616 N Bronco Lane Prescott Valley, AZ 8631
 Chairperson's mailing address (if different): SAA
 Chairperson's email address (required): electdaviddohm@gmail.com
 Chairperson's phone number (required): 352-232-1741
 Chairperson's employer (required): Sequel Care of Arizona, Mingus Mountain Acad
 Chairperson's occupation (required): Licensed Professional Counselor

Treasurer's Information: Treasurer's name (required): David C Dohm
 Treasurer's physical address (required): 5616 N Bronco Lane Prescott Valley, Az 86314
 Treasurer's mailing address (if different): SAA
 Treasurer's email address (required): electdaviddohm@gmail.com
 Treasurer's phone number (required): 352-232-1741
 Treasurer's employer (required): Sequel Care of Arizona, Mingus Mountain Acad
 Treasurer's occupation (required): Licensed Professional Counselor

Bank or Financial Institution: Bank name (required): National Bank of Arizona
 (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: 10/10/19

Treasurer's signature: [Signature] Date: 10/10/19

Candidate's signature (if applicable): [Signature] Date: 10/10/19