

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



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)  
PC 2017-03

12-06-17A10:51 RCVD

COMMITTEE TYPE (choose one):

**Candidate**

*Committee Name* (required): AMBERLEIGH DABROWSKI FOR FOUNTAIN HILLS AZ TOWN COUNCIL 2018  
(first or last name & office)

*Candidate Information:*  
Candidate's Name (required): AMBERLEIGH DABROWSKI  
Candidate's mailing address (required): 16507 E. EMERALD DR, FOUNTAIN HILLS AZ 85268  
Candidate's email address (required): AMBERLEIGH2018@GMAIL.COM  
Candidate's phone number (required): (480) 747-5476  
Candidate's website (if any): WWW.AMBERLEIGH2018.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: TOWN COUNCIL     District (if applicable): \_\_\_\_\_

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

*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:*  
(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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 (office use only)  
PC 2017-03

COMMITTEE INFORMATION:

12-06-17 A10:51 RCVD

*Contact Information:* Committee's mailing address (required): 16507 E. EMERALD DR., FOUNTAIN HILLS, AZ 85268  
 Committee's email address (required): AMBERLEIGH2018@GMAIL.COM  
 Committee's phone number (if any): (480) 747-5476  
 Committee's website (if any): WWW.AMBERLEIGH2018.COM

*Chairperson's Information:* Chairperson's name (required): ALEX VAN CAMP  
 Chairperson's physical address (required): 10331 EAST CHARTER OAK DR., SCOTTSDALE, AZ 85260  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): AMBERLEIGH2018@GMAIL.COM  
 Chairperson's phone number (required): (602) 330-2157  
 Chairperson's employer (required): TRUE(X)  
 Chairperson's occupation (required): ADVERTISING EXECUTIVE

*Treasurer's Information:* Treasurer's name (required): MICHAEL DABROWSKI  
 Treasurer's physical address (required): 6507 E. EMERALD DR., FOUNTAIN HILLS, AZ 85268  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): AMBERLEIGH2018@GMAIL.COM  
 Treasurer's phone number (required): (480) 747-0398  
 Treasurer's employer (required): PACIFIC STANDARD SPECIALTIES, INC.  
 Treasurer's occupation (required): VICE PRESIDENT OPERATIONS

*Bank or Financial Institution:* Bank name (required): BANK OF AMERICA  
 (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: 12/11/17

Treasurer's signature:  Date: 12/1/17

Candidate's signature (if applicable):  Date: 12/1/2017