

Initial Application  
 Amended Application  
 Date: 5/29/18



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
PC2018-04

COMMITTEE TYPE (choose one):

05-29-18P05:10 RCVD

**Candidate**

**Committee Name** (required): David Spelich For Town Council  
 (first or last name & office)

**Candidate Information:**  
 Candidate's Name (required): David W. Spelich  
 Candidate's mailing address (required): 13227 N. El Pueblo Blvd.  
 Candidate's email address (required): David.Spelich2018@gmail.com  
 Candidate's phone number (required): 773-203-8500  
 Candidate's website (if any): DavidSpelich.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): 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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 (office use only)  
PC 2018-04

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 13227 N El Pueblo Blvd. Fountain Hills, AZ  
 Committee's email address (required): David.Spelich2018@gmail.com  
 Committee's phone number (if any): 773-203-8500  
 Committee's website (if any): DavidSpelich.com

**Chairperson's Information:** Chairperson's name (required): David W. Spelich  
 Chairperson's physical address (required): 13227 N Pueblo Blvd. Fountain Hills, AZ  
 Chairperson's mailing address (if different): Same as above  
 Chairperson's email address (required): David.Spelich2018@gmail.com  
 Chairperson's phone number (required): 773-203-8500  
 Chairperson's employer (required): Arizona State Dept. of Education  
 Chairperson's occupation (required): Investigator III

**Treasurer's Information:** Treasurer's name (required): Robert Derr  
 Treasurer's physical address (required): 17161 East Kirk Lane, Fountain Hills, AZ  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): robertderr@hotmail.com  
 Treasurer's phone number (required): 480-570-7749  
 Treasurer's employer (required): Self  
 Treasurer's occupation (required): Barber

**Bank or Financial Institution:** Bank name (required): MIDFIRST 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: 29 May 18

Treasurer's signature: [Signature] Date: 29 May 18

Candidate's signature (if applicable): [Signature] Date: 29 May 18