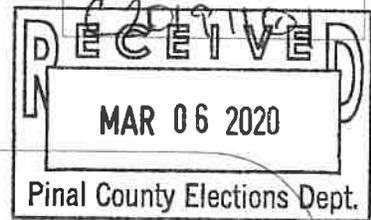


Initial Application
 Amended Application
Date: 3-1-2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

2019 1101
COMMITTEE ID NUMBER
(office use only)



COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information: Candidate's Name (required): Tim Gustafson for Sheriff
Candidate's mailing address (required): 9736 E Sleepy Hollow Trail
Candidate's email address (required): gustafsonforsheriff@gmail.com
Candidate's phone number (required): (916) 765-5788
Candidate's website (if any): facebook.com/gustafsonforsheriff

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: Sheriff District (if applicable): _____
 City/Town Office: _____ 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): Contributions Candidate-Related Independent Expenditures
(select any that apply) Ballot Measure Expenditures Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): _____
(if applicable) 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)

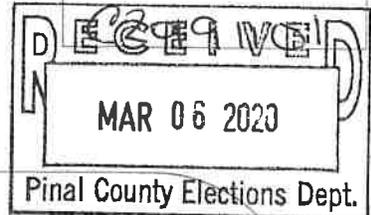
Initial Application
 Amended Application
Date: 3-1-2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

C20191101

COMMITTEE ID NUMBER
(office use only)



COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 9736 E Sleepy Holly Trl, Gold Canyon, AZ 85119
Committee's email address (required): gustafsonforsheriff@gmail.com
Committee's phone number (if any): (480) 256-9495
Committee's website (if any): facebook.com/gustafsonforsheriff

Chairperson's Information: Chairperson's name (required): Timothy Gustafson
Chairperson's physical address (required): 9736 E Sleepy Holly Trl, Gold Canyon, AZ 85119
Chairperson's mailing address (if different): _____
Chairperson's email address (required): gustafsonforsheriff@gmail.com
Chairperson's phone number (required): (916) 765-5788
Chairperson's employer (required): Word of Life Church
Chairperson's occupation (required): Pastor

Treasurer's Information: Treasurer's name (required): William Hubbard
Treasurer's physical address (required): 123 N Washington St Unit 19, Chandler, AZ 85225
Treasurer's mailing address (if different): _____
Treasurer's email address (required): gustafsonforsheriff@gmail.com
Treasurer's phone number (required): (480) 256-9495
Treasurer's employer (required): Toyota Financial Services
Treasurer's occupation (required): Customer Service

Bank or Financial Institution: Bank name (required): TGF-Bank Chase TFS with
(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: Timothy J. Gustafson Date: 3/1/20
Treasurer's signature: William Hubbard Date: 3/1/20
Candidate's signature (if applicable): Timothy J. Gustafson Date: 3/1/20