



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

**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

C20191101

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: (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)

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



### STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

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): TCF 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: Timothy Gustafson Date: 10/29/2014

Treasurer's signature: William Hubbard Date: 11/1/2014

Candidate's signature (if applicable): Timothy Gustafson Date: 10/29/2014