STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Diak / Mayor
(first or last name & office)

Candidate Information:
Candidate’s Name (required): William R. Diak
Candidate’s mailing address (required): P.O. Box 2126
Candidate’s email address (required): maui4us@scinternet.net
Candidate’s phone number (required): 602-499-8733
Candidate’s website (if any): N/A

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: Mayor  □ District (if applicable): __________

Election Cycle for Office Sought (year the election will take place) (required): 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: 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) 18-SEP-25 PM 3:141

□ 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)

Arizona Secretary of State Revision 11/5/16
STATE OF ARIZONA
COMMITTEE STATEMENT
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COMMITTEE INFORMATION:

Contact Information:
- Committee’s mailing address (required): P.O. Box 260666
- Committee’s email address (required): maui4us@sceinternet.net
- Committee’s phone number (if any): 602-499-8733
- Committee’s website (if any): N/A

Chairperson’s Information:
- Chairperson’s name (required): William R. Diak
- Chairperson’s physical address (required): 232 Calle Hermosa, Page, AZ 85040
- Chairperson’s mailing address (if different):
- Chairperson’s email address (required): maui4us@sceinternet.net
- Chairperson’s phone number (required): 602-499-8733
- Chairperson’s employer (required): N/A
- Chairperson’s occupation (required): Retired

Treasurer’s Information:
- Treasurer’s name (required): William R. Diak
- Treasurer’s physical address (required): 232 Calle Hermosa, Page, AZ 85040
- Treasurer’s mailing address (if different):
- Treasurer’s email address (required): maui4us@sceinternet.net
- Treasurer’s phone number (required): 602-499-8733
- Treasurer’s employer (required): N/A
- Treasurer’s occupation (required): Retired

Bank or Financial Institution:
- Bank name (required): (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. §§ 16-801 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: William R. Diak Date: 9/25/18

Treasurer’s signature: William R. Diak Date: 9/25/18

Candidate’s signature (if applicable): William R. Diak Date: 9/25/18