

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



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
18003

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 2626

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): \_\_\_\_\_  
 (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     Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  
 (if applicable)     Standing Committee (must also complete separate standing committee registration)  
     Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

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**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     Standing Committee (must also complete separate standing committee registration)  
 (if applicable)

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**STATE OF ARIZONA**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): P.O. Box 2666  
 Committee's email address (required): maui4us@scinternet.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): B. 232 Calle Hermosa Page, AZ  
86040  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): maui4us@scinternet.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  
86040  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): maui4us@scinternet.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. §§ 16-901 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: 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