

☐ Initial Application  
☒ Amended Application  
Date: 4-26-23



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

C-19-03

RECEIVED

COMMITTEE TYPE (choose one):

☐ Candidate

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

Od Harris for Chandler

APR 26 2023

CITY OF CHANDLER  
CITY CLERK

Candidate Information:

Candidate's Name (required):

Od Harris

Candidate's mailing address (required):

600 W Ray Rd C3 85225

Candidate's email address (required):

electodharris@gmail.com

Candidate's phone number (required):

480-712-6910

Candidate's website (if any):

www.odharris4az.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: Council

☐ District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required):

2024

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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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 600 W Ray Rd C3  
Committee's email address (required): electodharris@gmail.com  
Committee's phone number (if any): 480-712-6910  
Committee's website (if any): www.odharris4az.com

Chairperson's Information:

Chairperson's name (required): OD Harris  
Chairperson's physical address (required): SAME  
Chairperson's mailing address (if different): SAME  
Chairperson's email address (required): SAME  
Chairperson's phone number (required): SAME  
Chairperson's employer (required): SAME  
Chairperson's occupation (required): Entrepreneur

Treasurer's Information:

Treasurer's name (required): SAME  
Treasurer's physical address (required): SAME  
Treasurer's mailing address (if different): SAME  
Treasurer's email address (required): SAME  
Treasurer's phone number (required): SAME  
Treasurer's employer (required): SAME  
Treasurer's occupation (required): SAME

Bank or Financial Institution:  
(do not list acct numbers)

Bank name (required): Alliance Bank  
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: OD Harris

Date: 4/26/23

Treasurer's signature: OD Harris

Date: 4/26/23

Candidate's signature (if applicable): OD Harris

Date: 4/26/23