

Initial Application
 Amended Application
Date: 1-11-2022



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
C22-01

COMMITTEE TYPE (choose one):

RECEIVED

JAN 11 2022

CITY OF CHANDLER
CITY CLERK

Candidate

Committee Name (required): Darla Gonzalez for Chandler
(first or last name & office)

Candidate Information:

Candidate's Name (required): Darla Gonzalez
Candidate's mailing address (required): 1084 E Saragosa St Chandler
Candidate's email address (required): askdarla@gmail.com A285225
Candidate's phone number (required): 480.517.6407
Candidate's website (if any): www.Darla4Chandler.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: Chandler City Council District (if applicable): _____

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

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): Contributions Candidate-Related Independent Expenditures
(select any that apply) 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 office; (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. § 16-123)
 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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STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (if ECOS use only)
C22-02

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 1084 E. Saragosa St. Chandler, AZ
 Committee's email address (required): askdarla@gmail.com 85225
 Committee's phone number (if any): 480 561 6407
 Committee's website (if any): www.Darla4Chandler.com

Chairperson's Information: Chairperson's name (required): Darla Gonzalez
 Chairperson's physical address (required): 1084 E. Saragosa St. Chandler AZ
 Chairperson's mailing address (if different): 85225
 Chairperson's email address (required): askdarla@gmail.com
 Chairperson's phone number (required): 480 561 6407
 Chairperson's employer (required): Chaplaincy for the Homeless Arizona Free Enterprise Club
 Chairperson's occupation (required): Office manager, Grassroots Director

Treasurer's Information: Treasurer's name (required): Charlie Hinke
 Treasurer's physical address (required): 2458 S Salida Del Sol, Chandler, AZ
 Treasurer's mailing address (if different): 85286
 Treasurer's email address (required): charlie@Darla4Chandler.com
 Treasurer's phone number (required): 480 620 8934
 Treasurer's employer (required): Chase Bank
 Treasurer's occupation (required): Risk Manager

Bank or Financial Institution: Bank name (required): Wells Fargo
 (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: [Signature] Date: 12/16/21
 Treasurer's signature: [Signature] Date: 12/16/21
 Candidate's signature (if applicable): [Signature] Date: 12/16/21