

Initial Application  
 Amended Application  
 Date: 6-30-17



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION

RECEIVED  
 JUN 30 2017

COMMITTEE ID NUMBER  
 (office use only)  
C17-13

COMMITTEE TYPE (choose one):

CHANDLER CITY CLERK

Candidate

Committee Name (required): Sam Huang for Chandler Council  
 (first or last name & office)

Candidate Information: Candidate's Name (required): Sam Huang  
 Candidate's mailing address (required): 4829 W Erie St, Chandler 85226  
 Candidate's email address (required): Samhuang.AZ@gmail.com  
 Candidate's phone number (required): 480-689-2305  
 Candidate's website (if any): www.samhuang.net

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: city council  District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2020

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)

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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COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): Same  
Committee's email address (required): "  
Committee's phone number (if any): "  
Committee's website (if any): "

**Chairperson's Information:** Chairperson's name (required): Sam Huang  
Chairperson's physical address (required): same  
Chairperson's mailing address (if different): "  
Chairperson's email address (required): "  
Chairperson's phone number (required): "  
Chairperson's employer (required): "  
Chairperson's occupation (required): "

**Treasurer's Information:** Treasurer's name (required): Sam Huang  
Treasurer's physical address (required): Same  
Treasurer's mailing address (if different): "  
Treasurer's email address (required): "  
Treasurer's phone number (required): "  
Treasurer's employer (required): "  
Treasurer's occupation (required): "

**Bank or Financial Institution:** Bank name (required): Chase 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: Sam Huang Date: 6/30/2017  
Treasurer's signature: Sam Huang Date: 6/30/2017  
Candidate's signature (if applicable): Sam Huang Date: 6/30/2017

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STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

C17-13

TRANSFER OUT SURPLUS MONIES / TRANSFER IN DEBT:

SCHEDULE B(13)

	Cumulative Amount this Reporting Period	Cumulative Amount this Election Cycle
Recipient of Surplus Monies / Source of Transferred Debt <i>Sam Huang for Chandler Council</i>	<i>949.</i>	
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
Recipient of Surplus Monies / Source of Transferred Debt		
<b>Total</b> <small>(transfer the total disbursed this period to "Summary of Disbursements," line 13)</small>		