

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

**RECEIVED**  
 DEC 04 2019  
 BY: SS



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
CC2019-08

COMMITTEE TYPE (choose one):

**Candidate**

**Committee Name (required):** SENSEMAN CITY COUNCIL  
 (first or last name & office)

**Candidate Information:**  
 Candidate's Name (required): ERIC SENSEMAN  
 Candidate's mailing address (required): 3360 N CHINWOOD ST.  
 Candidate's email address (required): E.SENSEMAN@GMAIL.COM  
 Candidate's phone number (required): 314-323-0155  
 Candidate's website (if any): ERICSENSEMAN.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: FLAGSTAFF     District (if applicable): \_\_\_\_\_

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

**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 STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 3360 N CHINWOOD ST.  
 Committee's email address (required): E.SENSEMAN@GMAIL.COM  
 Committee's phone number (if any): 314-323-0155  
 Committee's website (if any): ERICSENSEMAN.COM

**Chairperson's Information:** Chairperson's name (required): IAN TORRENCE  
 Chairperson's physical address (required): 863 North Pinecliff Drive  
 Chairperson's mailing address (if different): Flagstaff, AZ 86001  
 Chairperson's email address (required): ITGOES@AOL.COM  
 Chairperson's phone number (required): 240-672-4655  
 Chairperson's employer (required): AMERICAN CONSERVATION EXPERIENCE  
 Chairperson's occupation (required): NATIONAL RESTORATION DIRECTOR

**Treasurer's Information:** Treasurer's name (required): ERIC SENSEMAN  
 Treasurer's physical address (required): 3360 N CHINWOOD ST.  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): E.SENSEMAN@GMAIL.COM  
 Treasurer's phone number (required): 314-323-0155  
 Treasurer's employer (required): SQUIRREL'S NUT BUTTER  
 Treasurer's occupation (required): STRATEGIST

**Bank or Financial Institution:** Bank name (required): BANK OF AMERICA  
 (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: 11/24/2019  
 Treasurer's signature: [Signature] Date: 11/20/2019  
 Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_