

COMMITTEE ID# Initial R	egistration	Amended Registratio	n					
TYPE OF POLITICAL COMMITTEE (choose one):	DATE:	DATE:						
Candidate Political Action Committee (PAC)			Political Party (attach proof of qualification pursuant to ARS 16-802, 16-804 or 16-823) County Party Leg Dist Party					
COMMITTEE NAME (required) If sponsored, must include sponsor's name GRAND DEMOCRATS								
RESIDENCE ADDRESS (Number and Street) 20190 N RAWHIDE WAY		CITY SURPRISE	STATE AZ	ZIP 85387				
MAILING ADDRESS (If Different from Residence Address)		CITY	STATE	ZIP				
COMMITTEE PHONE # (required) 914-584-4166 COMMITTEE EMAIL ADDRESS (required) GRANDDEMS@GMAIL.COM								
COMMITTEE WEBSITE (if any) WWW.GRANDDEMS.ORG		take place) 2024						
CANDIDATE INFORMATION								
CANDIDATE NAME:								
PARTY AFFILIATION: OFFICE SOUGHT: (Including District)								
RESIDENCE ADDRESS (Number and Street)		CITY	STATE	ZIP				
POLITICAL ACTION COMMITTEE INFORMATION								
POLITICAL FUNCTION (select any that apply) Contributions Recall Expendent		Candidate Related Independent Expenditures Ballot Measure Expenditures						
SPECIAL STATUS (if applicable)								
Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (provide copy of AZSOS registration) Mega PAC (provide copy of AZSOS registration)								
SPONSORSHIP INFORMATION (if applicable)								
NAME OR NICKNAME	PHO	NE NUMBER						
MAILING ADDRESS		Surprise	85	374				
MAIL ADDRESS pwaz@cox.net WEBSITE (if any)								

BANK ACCOUNT INFORMATION (BANK NAME)								
1. MIDFIRST BANK 2. 3.								
COMMITTEE OFFICER INFORMATION:								
CHAIRPERSON (First Name) ROBERT			(Last Name) WALLING					
RESIDENCE ADDRESS (Number and Street) 14947 W. MEDINAH WAY			CITY SURPRISE	STATE AZ	ZIP 85374			
MAILING ADDRESS (If Different from Residence Address)		CITY	STATE	ZIP				
			IAN EMAIL ADDRESS DDEMS@GMAIL.COM					
		CHAIRMA RETIRE	MAN EMPLOYER RED					
TREASURER (First Name) JAMES			(Last Name) COFFRAN					
RESIDENCE ADDRESS (Number and Street) 20190 N RAWHIDE WAY			CITY SURPRISE	STATE AZ	ZIP 85387			
MAILING ADDRESS (If Different from Residence Address)			CITY	STATE	ZIP			
			SURER EMAIL ADDRESS ACATUNA@AOL.COM					
			REASURER EMPLOYER RETIRED					
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.								
DATE: 01.03.2024	CHAIRMAN'S SIGNATURE:							
DATE: 01.03.2024	TREASURER'S SIGNATURE:							
DATE:	CANDIDATE'S SIGNATURE (if applicable):							