☐ Initial Application
☐ Amended Application
Date: _____

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE TYPE (choose one):

☐ **Candidate**

Committee Name (required): David Lipinski for CRUHSD 2 Governing Board
(first or last name & office)

Candidate Information:
Candidate's Name (required): David Lipinski
Candidate's mailing address (required): 2000 Arena Drive BUllhead City, Arizona
Candidate's email address (required): davidplipinski@gmail.com
Candidate's phone number (required): (928) 458-9685
Candidate's website (if any): _____

Office Sought (choose one):
☐ County Office: _____ ☐ District (if applicable): _____
☐ City/Town Office: _____ ☐ District (if applicable): CRUHSD#2
☐ School Board Office: Governing Board ☐ District (if applicable): CRUHSD#2
☐ Special District Board: Governing Board ☐ District (if applicable): CRUHSD#2

Election Cycle for Office Sought (year the election will take place) (required): 2026

Party Affiliation: (required for partisan offices)
☐ Democrat ☐ Libertarian ☐ No Labels ☐ 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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STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): 2000 Arena Drive BUllhead City, Az 86442
Committee's email address (required): davidplipinski@gmail.com
Committee's phone number (if any): (928) 458-9685
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): Kurtis Nielsen
Chairperson's physical address (required): 2209 E Twins Dr. Fort Mohave, Az 86426
Chairperson's mailing address (if different): _____
Chairperson's email address (required): knielsenasu@gmail.com
Chairperson's phone number (required): (928) 201-4101
Chairperson's employer (required): Mohave College
Chairperson's occupation (required): Instructor

Treasurer's Information:
Treasurer's name (required): Jonathan Moss
Treasurer's physical address (required): 298 Park Lake Dr. Bullhead City, Az 86429
Treasurer's mailing address (if different): _____
Treasurer's email address (required): jonathanmoss23@yahoo.com
Treasurer's phone number (required): (928) 863-8615
Treasurer's employer (required): Clark County School District
Treasurer's occupation (required): Principal

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): Wells Fargo
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: _____ Date: 8/23/26

Treasurer's signature: _____ Date: 8/23/26

Candidate's signature (if applicable): _____ Date: 8/25/26