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☒ Initial Application
☐ Amended Application
Date: 8/3/2026

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):

☐ **Candidate**

Committee Name (required): (first or last name & office) SAM HARRISON FOR CERBAT CONSTABLE

Candidate Information:
Candidate's Name (required): SAM HARRISON
Candidate's mailing address (required): 3699 N. VELVET ANTLER RD KINGMAN 86401
Candidate's email address (required): SAM@ZARPATRIOTS.COM
Candidate's phone number (required): 928-733-0193
Candidate's website (if any):

Office Sought (choose one):
☒ County Office: CONSTABLE ☒ District (if applicable): 5
☐ City/Town Office: ☐ District (if applicable):
☐ School Board Office: ☐ District (if applicable):
☐ Special District Board: ☐ District (if applicable):

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) SAM HARRISON FOR CERBAT CONSTABLE (REPUBLICAN)

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)

☐ Initial Application
☐ Amended Application
Date: _____

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): 3699 N. Velvet Antler Rd Kingman 86401
Committee's email address (required): SAM@2ARPATRIOTS.COM
Committee's phone number (if any): 928-733-0193
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): Sam Harrison
Chairperson's physical address (required): 3699 N. Velvet Antler Rd Kingman 86401
Chairperson's mailing address (if different): _____
Chairperson's email address (required): SAM@2ARPATRIOTS.COM
Chairperson's phone number (required): 928-733-0193
Chairperson's employer (required): Mohave Mist & Spa LLC
Chairperson's occupation (required): MANAGEMENT

Treasurer's Information:
Treasurer's name (required): Sam Harrison
Treasurer's physical address (required): 3699 N. Velvet Antler Rd Kingman 86401
Treasurer's mailing address (if different): _____
Treasurer's email address (required): SAM@2ARPATRIOTS.COM
Treasurer's phone number (required): 928-733-0193
Treasurer's employer (required): Mohave Mist & Spa LLC
Treasurer's occupation (required): MANAGEMENT

Bank or Financial Institution: (do not list acct numbers)
Bank name (required): Mission Bank
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: 8/3/2026

Treasurer's signature: _____ Date: 8/3/2026

Candidate's signature (if applicable): _____ Date: 8/3/2026