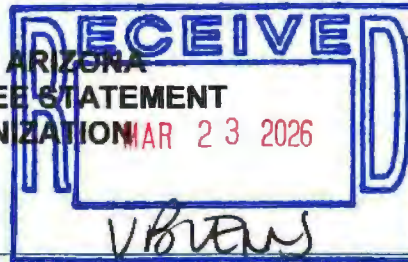


Initial Application  
 Amended Application  
 Date: 3/23/24



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION



COMMITTEE ID NUMBER  
 (office use only)  
CAN 26-06

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): TEAM WADE  
 (first or last name & office)

Candidate Information: Candidate's Name (required): HENRY WADE SS/38  
 Candidate's mailing address (required): 42581 W CHIMAYO DR MARICOPA AZ  
 Candidate's email address (required): HSENN.HSEFNDR@AOL.COM  
 Candidate's phone number (required): 602-619-4440  
 Candidate's website (if any): \_\_\_\_\_

Office Sought (choose one):  County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_  
 City/Town Office: CITY COUNCIL  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:  Democrat  Green  Libertarian  Republican  Other: N/A  
 (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 (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)

Initial Application  
 Amended Application  
Date: 3/23/24



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
CAN 26-06

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 42581 W CHIMAYO DR MARICOPA AZ 85138  
Committee's email address (required): HSEFNDR@AOL.COM  
Committee's phone number (if any): 602-619-4440  
Committee's website (if any): ---

Chairperson's Information:

Chairperson's name (required): HENRY WASE  
Chairperson's physical address (required): 42581 W CHIMAYO DR MARICOPA AZ 85138  
Chairperson's mailing address (if different): SAME  
Chairperson's email address (required): HSEFNDR@AOL.COM  
Chairperson's phone number (required): 602-619-4440  
Chairperson's employer (required): CITY OF MARICOPA  
Chairperson's occupation (required): COUNCIL MEMBER

Treasurer's Information:

Treasurer's name (required): MARIA GAYLE RANDOLPH  
Treasurer's physical address (required): 42581 W CHIMAYO DR MARICOPA AZ 85138  
Treasurer's mailing address (if different): SAME  
Treasurer's email address (required): GAYLE.RANDOLPH1@GMAIL.COM  
Treasurer's phone number (required): 602-390-4953  
Treasurer's employer (required): NID HOUSING COUNSELING AGENCY  
Treasurer's occupation (required): HUD CERTIFIED HOUSING COUNSELOR

Bank or Financial Institution:  
(do not list acct numbers)

Bank name (required): WELLS FARGO  
Additional bank name (if applicable): N/A  
Additional bank name (if applicable): N/A

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: 3/23/2026

Treasurer's signature: [Signature] Date: 3/23/2026

Candidate's signature (if applicable): [Signature] Date: 3/23/2026