

Initial Application
 Amended Application
 Date: 5-2-22



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
com 22-01

RECEIVED
 MAY 02 2022
 BY: E. Deskins

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Campbell for Mayor
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Robert J. Campbell

Candidate's mailing address (required): PO Box 262 CV AZ 86323

Candidate's email address (required): bobcampbell@fastmail.us

Candidate's phone number (required): 520-730-9858

Candidate's website (if any): bobforcvmayor.com

Office Sought (choose one):

County Office: _____ District (if applicable): _____

City/Town Office: Mayor 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): _____

Party Affiliation: Democrat Green Libertarian Republican Other: Non-partisan
 (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: (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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COM 22-01

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): PO Box 262 Clino Valley AZ 86323
Committee's email address (required): bobcampbell@fastmail.us
Committee's phone number (if any): 520-730-9858
Committee's website (if any): bobforcuimayor.com

Chairperson's Information:
Chairperson's name (required): Robert J. Campbell
Chairperson's physical address (required): 1170 E. Road 4 North CU
Chairperson's mailing address (if different): PO Box 262 CU 86323
Chairperson's email address (required): bobfor.SAME AS ABOVE (P)
Chairperson's phone number (required): SAME AS ABOVE
Chairperson's employer (required): Self- R.J. Campbell Contracting
Chairperson's occupation (required): Builder

Treasurer's Information:
Treasurer's name (required): Robert J. Campbell
Treasurer's physical address (required): SAME AS ABOVE
Treasurer's mailing address (if different): _____
Treasurer's email address (required): _____
Treasurer's phone number (required): _____
Treasurer's employer (required): _____
Treasurer's occupation (required): _____

Bank or Financial Institution:
(do not list acct numbers) Bank name (required): CHASE Hwy 89 Butterfield
Additional bank name (if applicable): None
Additional bank name (if applicable): None

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: 5-2-22
Treasurer's signature: [Signature] Date: 5-2-22
Candidate's signature (if applicable): [Signature] Date: 5-2-22