

RECEIVED
MAY 16 2022
BY: E. Deskins

Initial Application
 Amended Application
Date: 5-15-22



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
com22-01

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, Chino Valley, 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): _____

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

Party Affiliation: (required for partisan offices) Democrat Green Libertarian Republican Other: Non-partisan

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)

Campaign Finance – Candidate Guide

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**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

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

COMMITTEE INFORMATION:

<i>Contact Information:</i>	Committee's mailing address (required): <u>PO Box 262, Chino Valley, AZ 86323</u>
	Committee's email address (required): <u>bobcampbell@fastmail.us</u>
	Committee's phone number (if any): <u>520-730-9858</u>
	Committee's website (if any): <u>bobforcvmayor.com</u>
<i>Chairperson's Information:</i>	Chairperson's name (required): <u>Robert J. Campbell</u>
	Chairperson's physical address (required): <u>1170 E. Rd. 4 N. Chino Valley, AZ</u>
	Chairperson's mailing address (if different): <u>PO Box 262, Chino Valley, AZ 86323</u>
	Chairperson's email address (required): <u>bobcampbell@fastmail.us</u>
	Chairperson's phone number (required): <u>520-730-9858</u>
	Chairperson's employer (required): <u>Self - RJ Campbell Contracting</u>
	Chairperson's occupation (required): <u>Builder</u>
<i>Treasurer's Information:</i>	Treasurer's name (required): <u>Kathleen O'Connor-Masse</u>
	Treasurer's physical address (required): <u>2572 N. Rd 1E. Chino Valley, AZ 86323</u>
	Treasurer's mailing address (if different): <u>Same as physical</u>
	Treasurer's email address (required): <u>kateocm33@gmail.com</u>
	Treasurer's phone number (required): <u>928-420-4723</u>
	Treasurer's employer (required): <u>Retired</u>
	Treasurer's occupation (required): <u>Retired</u>
<i>Bank or Financial Institution:</i> (do not list acct numbers)	Bank name (required): <u>Chase Bank, Hwy 89 and Butterfield</u>
	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: [Signature] Date: 5-15-22

Treasurer's signature: [Signature] Date: 5-15-22

Candidate's signature (if applicable): _____ Date: 5-15-22