Initial Application
Amended Application
Date: 110/7024



20-NP-002

COMMITTEE ID NUMBER (office use only)



COMMITTEE TYPE (choose one):

| ☐ Candidate | CITY CLERK |
|--|--|
| Committee Name (required): (first or last name & office) | Committee to Elect Nancy Campbell For City Council |
| Candidate Information: | Candidate's Name (required): Nancy Campbell |
| | Candidate's mailing address (required): |
| | Candidate's email address (required): |
| | Candidate's phone number (required): |
| | Candidate's website (if any): votecampbell.com |
| 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 Soug | aht (year the election will take place) (required): |
| Party Affiliation: (required for partisan offices) | □ Democrat □ Green □ Libertarian □ Republican □ Other: |
| | |
| | |
| ☐ Political Action Comm | nittee (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 | ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union |
| (if applicable) | ☐ 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) |





COMMITTEE ID NUMBER (office use only)

20-NP-002

COMMITTEE INFORMATION:

| Contact Information: | Committee's mailing address (required): |
|---|---|
| | Committee's email address (required): Info@votecampbell.com |
| | Committee's phone number (if any): (928) 486-5727 |
| | Committee's website (if any): Votecampbell.com |
| Chairperson's Information: | Chairperson's name (required): Delbert Campbell Jr. |
| *************************************** | Chairperson's physical address (required): |
| | Chairperson's mailing address (if different): |
| | Chairperson's email address (required): |
| | Chairperson's phone number (required): |
| | Chairperson's employer (required): DL Campbell Company |
| | Chairperson's occupation (required): Construction |
| Treasurer's Information: | Treasurer's name (required): Andy Campbell |
| | Treasurer's physical address (required): |
| | Treasurer's mailing address (if different): |
| | Treasurer's email address (required): |
| | Treasurer's phone number (required): |
| | Treasurer's employer (required): NSC Accounting |
| | Treasurer's occupation (required): CPA |
| Bank or Financial Institution: | Bank name (required): Foothills Bank |
| (do not list acct numbers) | 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: Uellut 2 Cufu Date: 1-10-2024

Treasurer's signature: Date: 1/15/24

Candidate's signature (if applicable): Date: 1-10-2024

