

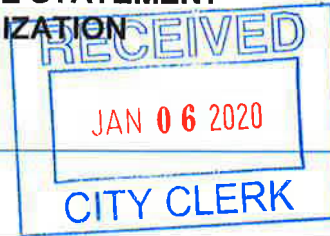
- ☐ Initial Application  
☐ Amended Application  
Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

20-NP-002



COMMITTEE TYPE (choose one):

☒ **Candidate**

**Committee Name** (required): \_\_\_\_\_  
(first or last name & office)

**Candidate Information:**  
Candidate's Name (required): \_\_\_\_\_  
Candidate's mailing address (required): \_\_\_\_\_  
Candidate's email address (required): \_\_\_\_\_  
Candidate's phone number (required): \_\_\_\_\_  
Candidate's website (if any): www.votecampbell4council.com

**Office Sought** (choose one): ☐ Governor ☐ Secretary of State ☐ Attorney General ☐ State Treasurer  
☐ Superintendent of Public Instruction ☐ State Mine Inspector ☐ Corporation Commissioner

☐ State Senate ☐ State House of Representatives ☐ District (required): \_\_\_\_\_

☐ County Office: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_

☒ City/Town Office: Lake Havasu City ☐ District (if applicable): \_\_\_\_\_

**Election Cycle for Office Sought** (year the election will take place) (required): 2020

**Party Affiliation:** (required for partisan offices) ☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: none

☐ **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)

☐ 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): \_\_\_\_\_  
Committee's email address (required): \_\_\_\_\_  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): votecampbell4council.com

### Chairperson's Information:

Chairperson's name (required): Allan Atwell  
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): A Squared Services  
Chairperson's occupation (required): Consultant

### Treasurer's Information:

Treasurer's name (required): Andrew 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: (do not list acct numbers)

Bank name (required): State Bank of Arizona  
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 here.

Chairperson's signature: \_\_\_\_\_

Date: 1/6/2020

Treasurer's signature: \_\_\_\_\_

Date: 1/6/2020

Candidate's signature (if \_\_\_\_\_)

Date: 1-6-2020