

Initial Application
 Amended Application
 Date: 6/22/2020



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
CAN-20-01

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Bob Marsh for City Council
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Bob Marsh (Robert T. Marsh, Jr.)
 Candidate's mailing address (required): 44181 W Buckhorn Trl, Maricopa 85138
 Candidate's email address (required): bobmarsh@mindspring.com
 Candidate's phone number (required): 520-568-1900
 Candidate's website (if any): maricopa.voteforbob.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: Council Member District (if applicable): _____

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

Party Affiliation: Democrat Green Libertarian Republican Other:

(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 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 Standing Committee (must also complete separate standing committee registration)
 (if applicable)

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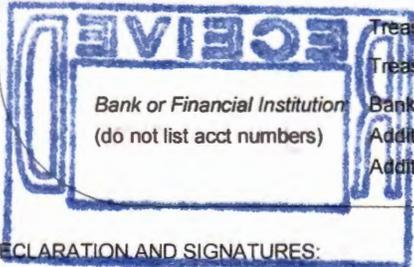
COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 44181 W Buckhorn Trl, Maricopa 85138
 Committee's email address (required): bobmarsh@mindspring.com
 Committee's phone number (if any): (520) 568-1900
 Committee's website (if any): maricopavoteforbob.com

Chairperson's Information: Chairperson's name (required): Robert T. Marsh, Jr
 Chairperson's physical address (required): 44181 W Buckhorn Trl, Maricopa 85138
 Chairperson's mailing address (if different): same
 Chairperson's email address (required): bobmarsh@mindspring.com
 Chairperson's phone number (required): (520) 568-1900
 Chairperson's employer (required): retired
 Chairperson's occupation (required): retired

Treasurer's Information: Treasurer's name (required): Robert T. Marsh, Jr
 Treasurer's physical address (required): 44181 W Buckhorn Trl, Maricopa 85138
 Treasurer's mailing address (if different): same
 Treasurer's email address (required): bobmarsh@mindspring.com
 Treasurer's phone number (required): (520) 568-1900
 Treasurer's employer (required): retired
 Treasurer's occupation (required): retired

Bank or Financial Institution
 (do not list acct numbers) Bank name (required): Desert Financial Federal Credit Union
 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: 6/22/2020
 Treasurer's signature: [Signature] Date: 6/22/2020
 Candidate's signature (if applicable): [Signature] Date: 6/22/2020