

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
PC2019-05

COMMITTEE TYPE (choose one):

Candidate

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

Robert Scarborough for City Council

Candidate Information:

Candidate's Name (required): Robert T. Scarborough
 Candidate's mailing address (required): 3325 S. 14th Ave Yuma AZ 85365
 Candidate's email address (required): thefastnickel@aol.com
 Candidate's phone number (required): 928 210 2328
 Candidate's website (if any): n/a

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: Yuma City Council District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2019

Party Affiliation:
 (required for partisan offices)

- Democrat Green Libertarian Republican Other: _____

RECEIVED
 2019 AUG 12 11:18
 CITY OF YUMA
 OFFICE OF THE CITY CLERK

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)

Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
 PC2019-05

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): 3325 S. 14th Ave Yuna #285365
 Committee's email address (required): thefastnickel@aol.com
 Committee's phone number (if any): 928 210 2328
 Committee's website (if any): n/a Robert

Chairperson's Information:
 Chairperson's name (required): ~~Robert~~ Scarborough
 Chairperson's physical address (required): same as above
 Chairperson's mailing address (if different): same
 Chairperson's email address (required): same
 Chairperson's phone number (required): 928 210 2328
 Chairperson's employer (required): ~~same~~ Green Trees Grocery Outlet
 Chairperson's occupation (required): ~~manager~~ managing partner

Treasurer's Information:
 Treasurer's name (required): Zunilda Scarborough
 Treasurer's physical address (required): same
 Treasurer's mailing address (if different): same as above
 Treasurer's email address (required): Zunilda75@gmail.com
 Treasurer's phone number (required): 928 503 2704
 Treasurer's employer (required): Green Trees Grocery Outlet
 Treasurer's occupation (required): manager

Bank or Financial Institution:
 Bank name (required): Chase
 (do not list acct numbers) Additional bank name (if applicable): n/a
 Additional bank name (if applicable): n/a

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: 8/14/19
 Treasurer's signature: [Signature] Date: 8/12/19
 Candidate's signature (if applicable): [Signature] Date: 8/15/19