

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information:

Candidate's Name (required): Margaret Babbitt-Pierce

Candidate's mailing address (required): 1381 Lynda Ave, Clarkdale, AZ

Candidate's email address (required): Marneyforclarkdale@gmail.com 86324

Candidate's phone number (required): 928-699-4121

Candidate's website (if any): www.marneyforclarkdale.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: Town Council 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: _____

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)

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COMMITTEE ID NUMBER
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COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): 1581 Lynda Ave, Clarkdale, AZ 86324
Committee's email address (required): NarneyforClarkdale@gmail.com
Committee's phone number (if any): 928-699-4121
Committee's website (if any): www.NarneyforClarkdale.com

Chairperson's Information:
Chairperson's name (required): Lynda Zanelli
Chairperson's physical address (required): 1301 Lanny Ave Clarkdale AZ
Chairperson's mailing address (if different): _____
Chairperson's email address (required): Ldzanelli@gmail.com
Chairperson's phone number (required): 602-616-8557
Chairperson's employer (required): non
Chairperson's occupation (required): retired

Treasurer's Information:
Treasurer's name (required): Benjamin Kramer
Treasurer's physical address (required): 22 N 9th St Clarkdale, AZ 86324
Treasurer's mailing address (if different): PO Box 307, Clarkdale, AZ 86324
Treasurer's email address (required): KRAMERBEN@GMAIL.COM
Treasurer's phone number (required): (928) 231-4483
Treasurer's employer (required): City of Cottonwood
Treasurer's occupation (required): Firefighter / Paramedic

Bank or Financial Institution:
(do not list acct numbers) Bank name (required): County Bank, Cottonwood, AZ
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: Lynda D. Zanelli Date: 2-25-2020
Treasurer's signature: [Signature] Date: 2/25/2020
Candidate's signature (if applicable): MJ Bobbitt-Pierce Date: 2/25/2020