

Initial Application  
 Amended Application  
Date: 4/4/20



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
20-003

RECEIVED  
APR 06 2020  
Coconino County Elections

COMMITTEE TYPE (choose one):

Candidate

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

Thorpe4 Supervisor

Candidate Information:

Candidate's Name (required):

Bob Thorpe

Candidate's mailing address (required):

[REDACTED] Flagstaff 86005

Candidate's email address (required):

9283108811 @ vzwPIX.COM

Candidate's phone number (required):

928-310-8811

Candidate's website (if any):

thorpe4coconino.com

Office Sought (choose one):

County Office:

Supervisor Dist 4, Coconino County

District (if applicable):

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

2020

Party Affiliation:

(required for partisan offices)

Democrat

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)

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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**STATE OF ARIZONA**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
20-003

COMMITTEE INFORMATION:

*Contact Information:* Committee's mailing address (required): [Redacted] Flagstaff 86005  
 Committee's email address (required): 9283108811@vzwPIX.COM  
 Committee's phone number (if any): 928-310-8811  
 Committee's website (if any): \_\_\_\_\_

*Chairperson's Information:* Chairperson's name (required): Bob Thorpe  
 Chairperson's physical address (required): [Redacted] Flagstaff 86005  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): 9283108811@vzwPIX.COM  
 Chairperson's phone number (required): 928-310-8811  
 Chairperson's employer (required): State of AZ  
 Chairperson's occupation (required): State Representative

*Treasurer's Information:* Treasurer's name (required): Bob Thorpe  
 Treasurer's physical address (required): [Redacted] Flagstaff 86005  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): 9283108811@vzwPIX.COM  
 Treasurer's phone number (required): 928-310-8811  
 Treasurer's employer (required): State of AZ  
 Treasurer's occupation (required): State Representative

*Bank or Financial Institution:* Bank name (required): Bank of America  
 (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: Bob Thorpe Date: 2-23-20  
 Treasurer's signature: Bob Thorpe Date: 2-23-20  
 Candidate's signature (if applicable): Bob Thorpe Date: 2-23-20