

Initial Application
 Amended Application
 Date: 1/30/2019



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
19-SCC-01

COMMITTEE TYPE (choose one):

Candidate
 Committee Name (required): Committee to Elect Keith Barth for Sheriff
 (first or last name & office)
 Candidate Information:
 Candidate's Name (required): Keith D. Barth
 Candidate's mailing address (required): 86 Paint Trail Sonoita AZ 85637
 Candidate's email address (required): judgebarth@gmail.com
 Candidate's phone number (required): (520) 508-1047
 Candidate's website (if any): _____
 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: Sheriff District (if applicable): _____
 City/Town Office: _____ 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):
 (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 INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 234 Sonoita AZ 85637
Committee's email address (required): sheriff barth2020@gmail.com
Committee's phone number (if any): (520) 907-4409
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Charles Doolittle
Chairperson's physical address (required): 11 Callison Ln Elgin AZ 85611
Chairperson's mailing address (if different): 11 Callison Ln Elgin AZ 85611
Chairperson's email address (required): chasdoolittle@gmail.com
Chairperson's phone number (required): (520) 508-6228
Chairperson's employer (required): none
Chairperson's occupation (required): retired

Treasurer's Information: Treasurer's name (required): Susan Archibald
Treasurer's physical address (required): 24 W Calle Sobaypuri Sonoita AZ
Treasurer's mailing address (if different): PO Box 817 Sonoita AZ 85637
Treasurer's email address (required): eggsuetrev@aol.com
Treasurer's phone number (required): (520) 990-4648
Treasurer's employer (required): none
Treasurer's occupation (required): Retired

Bank or Financial Institution: Bank name (required): National Bank of Arizona
(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: [Signature] Date: 1/30/19

Treasurer's signature: [Signature] Date: 1-30-19

Candidate's signature (if applicable): [Signature] Date: 1-30-19

