

Initial Application  
 Amended Application  
 Date: 4/16/20



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
 COM 20-02

FILED APR 20 AM 10:21

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): Robin Barker For Mayor  
 (first or last name & office)

Candidate Information: Candidate's Name (required): Robin Barker

Candidate's mailing address (required): 860 So. Saguaro Dr, Apache AZ 85120

Candidate's email address (required): barkerr43@yahoo.com

Candidate's phone number (required): 480-980-0889

Candidate's website (if any): Robin Barker For Apache Junction Mayor 2020

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: Mayor     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: N/A

**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: 4/6/20



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
20-02

COMMITTEE INFORMATION:

FILED APR 6 '20 AM 10:19

**Contact Information:** Committee's mailing address (required): 860 So Saguaro Dr, Apache AZ 85120  
Committee's email address (required): barkerr43@yahoo.com  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): Robin Barker for Apache Mayor 2020

**Chairperson's Information:** Chairperson's name (required): Robin Barker  
Chairperson's physical address (required): 860 So Saguaro Dr Apache AZ 85120  
Chairperson's mailing address (if different): SAT  
Chairperson's email address (required): barkerr43@yahoo.com  
Chairperson's phone number (required): 480-986-0889  
Chairperson's employer (required): Retired / City of Apache Junction  
Chairperson's occupation (required): Retired / City Council

**Treasurer's Information:** Treasurer's name (required): ALEXANDER DARTNEST  
Treasurer's physical address (required): 1450 E. 22ND AVE. AJ, AZ 85119  
Treasurer's mailing address (if different): 1450 E. 22ND AVE. AJ, AZ 85119  
Treasurer's email address (required): cras.abartnett@gmail.com  
Treasurer's phone number (required): 480-275-9291  
Treasurer's employer (required): Dorothy Simons  
Treasurer's occupation (required): ROUTE DRIVER

**Bank or Financial Institution:** Bank name (required): FINAL Co. Fed. Credit Union  
(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: Robin Barker Date: 04/02/20  
Treasurer's signature: Alex Dartnett Date: 04/02/20  
Candidate's signature (if applicable): Robin Barker Date: 04/02/20

RECEIVED  
CITY CLERK DEPT.  
2020 APR -6 AM 10:23  
CITY OF APACHE JUNCTION

Initial Application  
 Amended Application  
Date: \_\_\_\_\_



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

Amending page 2 Jr.

COMMITTEE TYPE (choose one):

**Candidate**

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

Candidate Information: Candidate's Name (required): \_\_\_\_\_  
Candidate's mailing address (required): \_\_\_\_\_  
Candidate's email address (required): \_\_\_\_\_  
Candidate's phone number (required): \_\_\_\_\_  
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: \_\_\_\_\_  District (if applicable): \_\_\_\_\_  
 City/Town Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

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

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 (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)

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(must include party affiliation)

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 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  
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 Date: \_\_\_\_\_



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): \_\_\_\_\_  
 Committee's email address (required): \_\_\_\_\_  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): \_\_\_\_\_  
 Chairperson's physical address (required): \_\_\_\_\_  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): \_\_\_\_\_  
 Chairperson's phone number (required): \_\_\_\_\_  
 Chairperson's employer (required): \_\_\_\_\_  
 Chairperson's occupation (required): \_\_\_\_\_

**Treasurer's Information:** Treasurer's name (required): Robin Barker  
 Treasurer's physical address (required): 860 So Saguaro Dr  
 Treasurer's mailing address (if different): SAA  
 Treasurer's email address (required): barker43@yahoo.com  
 Treasurer's phone number (required): 480-980-0889  
 Treasurer's employer (required): Ret  
 Treasurer's occupation (required): Ret

**Bank or Financial Institution:** Bank name (required): \_\_\_\_\_  
 (do not list acct numbers) Additional bank name (if applicable): \_\_\_\_\_  
 Additional bank name (if applicable): \_\_\_\_\_

DECLARATION AND SIGNATURES:

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Chairperson's signature: Robin Barker Date: 7/14/20

Treasurer's signature: Robin Barker Date: 7/14/20

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_