



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(officer use only)

PC 18-006

Initial Application
Amended Application
Date: 2-20-19

RECEIVED
FEB 20 2019

COMMITTEE TYPE (choose one):

Candidate

BY: gpc

Committee Name (required): FRIENDS OF ROBIN BENNING

Candidate Information: Candidate's Name (required): MICHAEL ROBIN BENNING

Candidate's mailing address (required): 20521 E ACOTILLO RD

Candidate's email address (required): bennarch@msn.com

Candidate's phone number (required): 602 762 1446

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: COUNCIL MEMBER TOWN OF QUEEN CREEK District (if applicable):

Election Cycle for Office Sought (year the election will take place) (required): 2020

Party Affiliation: Democrat, Green, Libertarian, Republican, Other:

Political Action Committee (PAC)

Committee Name (required): (if sponsored, must include sponsor's name)

Political Function (optional): Contributions, Candidate-Related Independent Expenditures, Ballot Measure Expenditures, Recall Expenditures

Sponsorship Information: 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 STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
PC18-006

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 20521 E OCOTILLO RD, QUEEN CREEK, AZ  
 Committee's email address (required): bennarch@msn.com  
 Committee's phone number (if any): 602 762 1496  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): MICHAEL ROBIN BENNING  
 Chairperson's physical address (required): 20521 E OCOTILLO RD QUEEN CREEK, AZ  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): bennarch@msn.com  
 Chairperson's phone number (required): 602 762 1496  
 Chairperson's employer (required): WHITNEYBELL PERRY INC  
 Chairperson's occupation (required): ARCHITECT

**Treasurer's Information:** Treasurer's name (required): MICHAEL ROBIN BENNING  
 Treasurer's physical address (required): SAME  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): \_\_\_\_\_  
 Treasurer's phone number (required): \_\_\_\_\_  
 Treasurer's employer (required): \_\_\_\_\_  
 Treasurer's occupation (required): \_\_\_\_\_

**Bank or Financial Institution:** Bank name (required): EMO HARRIS  
 (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: 20 FEB 2019  
 Treasurer's signature: [Signature] Date: 20 FEB 2019  
 Candidate's signature (if applicable): [Signature] Date: 20 FEB 2019

RECEIVED  
 FEB 20 2019  
 JK