

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

DB 2020-001

RECEIVED

COMMITTEE TYPE (choose one):

OCT 23 2019

Town of Marana
Clerk's Office #3

Candidate

Committee Name (required): DAVE BOWEN FOR TOWN COUNCIL

Candidate Information:

Candidate's Name (required): DAVID BOWEN
 Candidate's mailing address (required): 7769 N VIA LAKEUNA NIGUEL, TUCSON, AZ 85743
 Candidate's email address (required): DBOWEN2003@COMCAST.NET
 Candidate's phone number (required): (520) 481-3461
 Candidate's website (if any): WWW.BOWEN4MARANA.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: COUNCIL 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)

DWB

Committee Name (required): DAVE BOWEN FOR TOWN COUNCIL

Political Function (optional): Contributions Candidate-Related Independent Expenditures
(select any that apply) 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

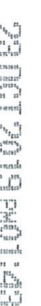
Committee Name (required): _____
(must include party affiliation)

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): 7769 N VIA LAGUNA MIGUEL, TUCSON, AZ
 Committee's email address (required): DBOWEN2003@COMCAST.NET 85743
 Committee's phone number (if any): (520) 481-3461
 Committee's website (if any): WWW.BOWEN4MARANA.COM

Chairperson's Information: Chairperson's name (required): DAVID BOWEN
 Chairperson's physical address (required): 7769 N VIA LAGUNA MIGUEL, TUCSON, AZ 85743
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): DBOWEN2003@COMCAST.NET
 Chairperson's phone number (required): (520) 481-3461
 Chairperson's employer (required): DAVID BOWEN, CFP
 Chairperson's occupation (required): FINANCIAL ADVISOR

Treasurer's Information: Treasurer's name (required): BRYANNA POWELL
 Treasurer's physical address (required): 4390 E HAWSER ST, TUCSON, AZ 85739
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): BRYPOWELL25@GMAIL.COM
 Treasurer's phone number (required): (520) 481-4279
 Treasurer's employer (required): SELF-EMPLOYED
 Treasurer's occupation (required): HOUSEHOLD ENGINEER

Bank or Financial Institution: Bank name (required): HUGHES FEDERAL 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: David W Bowen Date: 9/5/2019
 Treasurer's signature: Bryanna Powell Date: 9/7/2019
 Candidate's signature (if applicable): David W Bowen Date: 9/5/2019

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 Clerk's Office