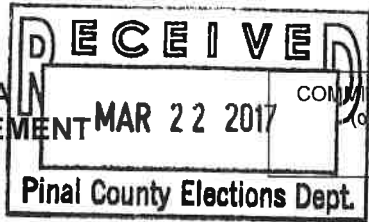


Initial Application
 Amended Application
 Date: 3/1/17



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION



COMMITTEE ID NUMBER
 (office use only)

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information: Candidate's Name (required): Todd H House
 Candidate's mailing address (required): 5027 E Hidalgo Street
 Candidate's email address (required): Thouse8591@aol.com
 Candidate's phone number (required): 480-283-5174
 Candidate's website (if any): HouseforSupervisor.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: Supervisor District (if applicable): _____
 City/Town Office: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2026

Party Affiliation: (required for partisan offices) Democrat Green Libertarian 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)
 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: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): 5027 E Hidalgo Street
 Committee's email address (required): Thave 8591 @ AOL.Com
 Committee's phone number (if any): 480-288-5174
 Committee's website (if any): House for Supervisor, com

Chairperson's Information:
 Chairperson's name (required): ROBERT ROSS
 Chairperson's physical address (required): 5571 N. HOWLAND RD AS 35119
 Chairperson's mailing address (if different): SAM 2
 Chairperson's email address (required): BOBR057 @ EXTREMEZONE.COM
 Chairperson's phone number (required): 480 229 2646
 Chairperson's employer (required): SELF
 Chairperson's occupation (required): SELF DEFENSE INSTRUCTOR

Treasurer's Information:
 Treasurer's name (required): Todd H House
 Treasurer's physical address (required): 5027 E. Hidalgo St
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): Thave 8591 @ AOL.Com
 Treasurer's phone number (required): 480-288-5174
 Treasurer's employer (required): Pinal County
 Treasurer's occupation (required): County Supervisor

Bank or Financial Institution:
 Bank name (required): Wells Fargo
 (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: 3/21/17

Treasurer's signature: [Signature] Date: 3/21/17

Candidate's signature (if applicable): [Signature] Date: 3/21/17