

- Initial Application
 Amended Application

Date: 3/19/19



RECEIVED

STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

19-002

COMMITTEE TYPE (choose one): **MAR 29 2019**

Candidate **Coconino County Elections**

Committee Name (required): Campaign for Matt Ryan
(first or last name & office)

Candidate Information: Candidate's Name (required): Matt Ryan

Candidate's mailing address (required): [REDACTED]

Candidate's email address (required): mattryan.info@gmail.com

Candidate's phone number (required): 928-779-1193

Candidate's website (if any): mattryan.info to launch by year-end 2019

Office Sought (choose one): County Office: Coconino County Supervisor, District 3

District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): P Aug. 25, 2020; G Nov. 3, 2020

Party Affiliation: Democrat 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 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable) Standing Committee (must also complete separate standing committee registration)

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 Standing Committee (must also complete separate standing committee registration)
(if applicable)

- Initial Application
 Amended Application

Date: 3/29/19



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

19-002

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): [REDACTED]
Committee's email address (required): mattryan.info@gmail.com
Committee's phone number (if any): 928-779-1193
Committee's website (if any): mattryan.info to launch by year-end 2019

Chairperson's Information: Chairperson's name (required): Matt Ryan
Chairperson's physical address (required): [REDACTED]
Chairperson's mailing address (if different): _____
Chairperson's email address (required): mattryan.info@gmail.com
Chairperson's phone number (required): 928-779-1193
Chairperson's employer (required): Coconino County
Chairperson's occupation (required): County Supervisor

Treasurer's Information: Treasurer's name (required): _____
Treasurer's physical address (required): [REDACTED]
Treasurer's mailing address (if different): _____
Treasurer's email address (required): tmsr@tmsrdesign.com
Treasurer's phone number (required): 928-600-2779
Treasurer's employer (required): Self-emp: tmsr Design Delivery
Treasurer's occupation (required): Graphic & Web Designer

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: 032919

Treasurer's signature: [Signature] Date: 032919

Candidate's signature (if applicable): [Signature] Date: 032919