

Initial Application
 Amended Application
Date: 5/14/19



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

RECEIVED
COMMITTEE ID NUMBER
(office use only)
19-002
MAY 16 2019

Coconino County Elections

COMMITTEE TYPE (choose one):

Candidate

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

Initial Application
 Amended Application
 Date: 5/16/19



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
RECEIVED 19-082
 MAY 16 2019

COMMITTEE INFORMATION:

Coconino County Elections

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): Theresa Stacy-Ryan
 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: 05/16/19

Treasurer's signature: [Signature] Date: 05/16/19

Candidate's signature (if applicable): [Signature] Date: 05/16/19