

Initial Application
 Amended Application
Date: 5-25-2023



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
23-002

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Vote Bergstresser Supervisor District 4
(first or last name & office)

Candidate Information:

Candidate's Name (required): Ross Bergstresser

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

Candidate's email address (required): BergieIT02@AOL.com

Candidate's phone number (required): 928-864-9488

Candidate's website (if any): ---

Office Sought (choose one):

<input checked="" type="checkbox"/> Governor	<input checked="" type="checkbox"/> Secretary of State	<input checked="" type="checkbox"/> Attorney General	<input checked="" type="checkbox"/> State Treasurer
<input checked="" type="checkbox"/> Superintendent of Public Instruction	<input checked="" type="checkbox"/> State Mine Inspector	<input checked="" type="checkbox"/> Corporation Commissioner	
<input checked="" type="checkbox"/> State Senate	<input checked="" type="checkbox"/> State House of Representatives	<input checked="" type="checkbox"/> District (required): _____	
<input checked="" type="checkbox"/> County Office: <u>Supervisor</u>	<input checked="" type="checkbox"/> District (if applicable): <u>District 4</u>		
<input checked="" type="checkbox"/> City/Town Office: _____	<input checked="" type="checkbox"/> District (if applicable): _____		

Election Cycle for Office Sought (year the election will take place) (required): 2024

Party Affiliation: Democrat Green Libertarian 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:

(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): [REDACTED]
Committee's email address (required): BergieTYQ2@AZ.com
Committee's phone number (if any): 928-864-9488
Committee's website (if any): ---

Chairperson's Information: Chairperson's name (required): Ross Prestresser
Chairperson's physical address (required): [REDACTED]
Chairperson's mailing address (if different): ---
Chairperson's email address (required): BergieTYQ2@AZ.com
Chairperson's phone number (required): 928-864-9488
Chairperson's employer (required): Retired
Chairperson's occupation (required): Retired

Treasurer's Information: Treasurer's name (required): Ross Prestresser
Treasurer's physical address (required): [REDACTED]
Treasurer's mailing address (if different): ---
Treasurer's email address (required): BergieTYQ2@AZ.com
Treasurer's phone number (required): 928-864-9488
Treasurer's employer (required): Retired
Treasurer's occupation (required): Retired

Bank or Financial Institution: Bank name (required): One Az
(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: 5-24-23
Treasurer's signature: [Signature] Date: 5-24-23
Candidate's signature (if applicable): [Signature] Date: 5-24-23