

Initial Application
 Amended Application
 Date: 8/9/19



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
19-003

COMMITTEE TYPE (choose one):

RECEIVED

AUG 19 2019

Coconino County Elections

Candidate

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

Bates for County Supervisor

Candidate Information:

Candidate's Name (required):

Bryan C. Bates

Candidate's mailing address (required):

PO Box 3601, Flagstaff, AZ 86003

Candidate's email address (required):

batesbryan38@gmail.com

Candidate's phone number (required):

928-853-0432

Candidate's website (if any):

www.b2b8s.com

Office Sought (choose one):

County Office:

Supervisor

District (if applicable):

4

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

Party Affiliation:

(required for partisan offices)

Democrat

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)

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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(office use only)
19-003

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 3601, Flagstaff Az 86003
Committee's email address (required): batesbryan38@gmail.com
Committee's phone number (if any): 928-853-0432
Committee's website (if any): www.b2b8s.com

Chairperson's Information: Chairperson's name (required): Bryan Bates
Chairperson's physical address (required): [REDACTED]
Chairperson's mailing address (if different): [REDACTED]
Chairperson's email address (required): batesbryan38@gmail.com
Chairperson's phone number (required): 928-853-0432
Chairperson's employer (required): retired
Chairperson's occupation (required): formerly science teacher

Treasurer's Information: Treasurer's name (required): Bryan Bates
Treasurer's physical address (required): [REDACTED]
Treasurer's mailing address (if different): PO Box 3601, Flagstaff Az 86003
Treasurer's email address (required): batesbryan38@gmail.com
Treasurer's phone number (required): 928 853 0432
Treasurer's employer (required): retired
Treasurer's occupation (required): formerly science teacher

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: Bryan C. Bates Date: 8/19/19
Treasurer's signature: Bryan C. Bates Date: 8/19/19
Candidate's signature (if applicable): Bryan C. Bates Date: 8/19/19