

Initial Application
 Amended Application
 Date: 9/21/22



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
22-012

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information:

Candidate's Name (required): Michael Robert Barnes

Candidate's mailing address (required): PO Box 3574 Page, AZ 86040

Candidate's email address (required): mbarnes050118@gmail.com

Candidate's phone number (required): 928-660-9175

Candidate's website (if any): None as of today 09/21/2022

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: Page Justice of the Peace District (if applicable): _____

City/Town Office: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2022

Party Affiliation: Democrat Green Libertarian Republican Other: Independent
 (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)
 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 Standing Committee (must also complete separate standing committee registration)
 (if applicable)

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STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): PO Box 3574 Page, AZ 86040
Committee's email address (required): barnes4justice@gmail.com
Committee's phone number (if any): 928-660-9175
Committee's website (if any): None

Chairperson's Information:
Chairperson's name (required): Michael R. Barnes
Chairperson's physical address (required): [REDACTED]
Chairperson's mailing address (if different): PO Box 3574 Page, AZ 86040
Chairperson's email address (required): mbarnes050118@gmail.com
Chairperson's phone number (required): 928-660-9175
Chairperson's employer (required): Page Unified School District
Chairperson's occupation (required): Page Middle School Dean of Students

Treasurer's Information:
Treasurer's name (required): Shannon Barnes
Treasurer's physical address (required): [REDACTED]
Treasurer's mailing address (if different): PO Box 3574 Page, AZ 86040
Treasurer's email address (required): barnesfam6@gmail.com
Treasurer's phone number (required): 928-660-2440
Treasurer's employer (required): Page Dental Center
Treasurer's occupation (required): Receptionist

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): Coconino Federal Credit Union
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: 09/21/2022
Treasurer's signature: [Signature] Date: 09/21/2022
Candidate's signature (if applicable): [Signature] Date: 09/21/2022