

Initial Application
 Amended Application
Date: 5/10/2018



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
MB 2018-05

RECEIVED

COMMITTEE TYPE (choose one):

MAY 10 2018

Candidate

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

Bravin for Marana

Town of Marana
Clerk's Office

Candidate Information:

Candidate's Name (required): Mace Bravin

Candidate's mailing address (required): 9327 N. June Bug Dr. 85742

Candidate's email address (required): mbbravin@hotmail.com

Candidate's phone number (required): 520 808 1855

Candidate's website (if any): none yet

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: _____ District (if applicable): _____

City/Town Office: Marana T. Council District (if applicable): _____

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

Party Affiliation:
(required for partisan offices)

Democrat Green Libertarian 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)
 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 STATEMENT
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(office use only)

MB 2018-05

Initial Application
 Amended Application
Date: _____

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 9327 N. June Bug Dr.
 Committee's email address (required): mbbravin@hotmail.com
 Committee's phone number (if any): 520 808 1855
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Mace Bravin
 Chairperson's physical address (required): 9327 N. June Bug Dr. 85742
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): mbbravin@hotmail.com
 Chairperson's phone number (required): 520 808 1855
 Chairperson's employer (required): TUSD - Valencia M.S.
 Chairperson's occupation (required): Teacher

Treasurer's Information: Treasurer's name (required): Briana Bravin
 Treasurer's physical address (required): 9327 N. June Bug Dr.
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): bravini1@gmail.com
 Treasurer's phone number (required): 520 333-8420
 Treasurer's employer (required): FRANCESCA'S Express Factory
 Treasurer's occupation (required): Sales

Bank or Financial Institution: Bank name (required): Hughes Federal Credit Union
 (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: 5/10/18
 Treasurer's signature: Briana Bravin Date: 5/10/18
 Candidate's signature (if applicable): [Signature] Date: 5/10/18

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10 MAY 2018 AM 10:03
MAY 10 2018
Town of Marana
Clerk's Office

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