

- Initial Application
  - Amended Application
- Date: \_\_\_\_\_



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

2020-02

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NOV 26 2019

COMMITTEE TYPE (choose one):

**Candidate**

*Committee Name* (required): Billie Bell for County Superintendent of Schools  
(first or last name & office)

*Candidate Information:* Candidate's Name (required): Billie Bell

Candidate's mailing address (required): PO Box 755; Concho AZ 85924

Candidate's email address (required): BillieBell4AllStudents@outlook.com

Candidate's phone number (required): (480) 620-6049

Candidate's website (if any): \_\_\_\_\_

*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: Schools Superintendent     District (if applicable): \_\_\_\_\_

City/Town Office: \_\_\_\_\_     District (if applicable): \_\_\_\_\_

*Election Cycle for Office Sought* (year the election will take place) (required): 2020

*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:* 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)  
 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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**STATE OF ARIZONA**  
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**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): PO Box 755, Concho Az 85924  
 Committee's email address (required): BillieBell4AllStudents@outlook.com  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Billie Bell  
 Chairperson's physical address (required): 2 County Road N5566; Apache County  
 Chairperson's mailing address (if different): PO Box 755, Concho AZ 85924  
 Chairperson's email address (required): BillieBell4AllStudents@outlook.com  
 Chairperson's phone number (required): (480) 620-6049  
 Chairperson's employer (required): Concho Elementary School District #6  
 Chairperson's occupation (required): CFO/Business Manager

**Treasurer's Information:** Treasurer's name (required): Billie Bell  
 Treasurer's physical address (required): 2 County Road N5566; Apache County  
 Treasurer's mailing address (if different): PO Box 755, Concho AZ 85924  
 Treasurer's email address (required): BillieBell4AllStudents@outlook.com  
 Treasurer's phone number (required): (480) 620-6049  
 Treasurer's employer (required): Concho Elementary School District #6  
 Treasurer's occupation (required): CFO/Business Manager

**Bank or Financial Institution:** Bank name (required): National Bank of AZ; St Johns Branch  
 (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: Billie Bell Date: 11-16-2019  
 Treasurer's signature: Billie Bell Date: 11-16-2019  
 Candidate's signature (if applicable): Billie Bell Date: 11-16-2019