

Initial Application
 Amended Application
Date: 7/14/2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

SLC2020-4

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information: Candidate's Name (required): MARIA Cecilia Cruz

Candidate's mailing address (required): P.O. Box 10382

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

Candidate's phone number (required): 559-301-7460

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: _____ District (if applicable): _____

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

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

Party Affiliation: Democrat Green Libertarian Republican Other: _____
(required for partisan offices)

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Political Action Committee (PAC)

Committee Name (required): _____
(if sponsored, must include sponsor's name)

JUL 14 2020

Political Function (optional): Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Recall Expenditures
(select any that apply)

Office of the City Clerk
City of San Luis, Arizona

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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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): P.O. Box 10382 San Luis AZ 85349
Committee's email address (required): _____
Committee's phone number (if any): 559-301-7460
Committee's website (if any): N/A

Chairperson's Information: Chairperson's name (required): MARIA C. CRUZ
Chairperson's physical address (required): 1255 Ruiz Ave San Luis AZ 85349
Chairperson's mailing address (if different): P.O. Box 10382 San Luis AZ 85349
Chairperson's email address (required): Mariacruzkamos@gmail.com
Chairperson's phone number (required): 559-301-7460
Chairperson's employer (required): _____
Chairperson's occupation (required): _____

Treasurer's Information: Treasurer's name (required): Veronica Casillas
Treasurer's physical address (required): 1053 N Beach St San Luis, AZ 85349
Treasurer's mailing address (if different): P.O. Box 2149, San Luis, AZ 85349
Treasurer's email address (required): Casillas_Vero@Yahoo.com
Treasurer's phone number (required): 928-287-9341
Treasurer's employer (required): Allstate Insurance
Treasurer's occupation (required): Insurance Agent

Bank or Financial Institution: Bank name (required): 1st Bank Yuma
(do not list acct numbers) Additional bank name (if applicable): N/A
Additional bank name (if applicable): N/A

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: Maria C. Cruz Date: 7/8/2020

Treasurer's signature: Veronica Casillas Date: 4-02-2020

Candidate's signature (if applicable): _____ Date: _____