

Initial Application
 Amended Application
 Date: 5/26/22



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
CPC2022-2

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information:

Candidate's Name (required): MARIA C. CRUZ

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

Candidate's email address (required): MCCRUZ4SLCITYCOUNCIL@gmail.com

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

Candidate's website (if any): N/A

Office Sought (choose one):

County Office: _____ District (if applicable): _____

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

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

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

Party Affiliation: (required for partisan offices)

Democrat Green Libertarian Republican Other: N/A

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)

RECEIVED
 2022 MAY 26 P 11:21
 OFFICE OF THE CLERK
 DEPARTMENT OF TREASURY

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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COMMITTEE ID NUMBER
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CPC2022-2

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): P.O. BOX 10382 SAN LUIS AZ 85349
Committee's email address (required): MCCRUIZ4SLCITYCOUNCIL@gmail.com
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): MCCRUIZ4SLCITYCOUNCIL@gmail.com
Chairperson's phone number (required): 559-301-7460
Chairperson's employer (required): N/A
Chairperson's occupation (required): Housewife

Treasurer's Information: Treasurer's name (required): MARIA C. CRUZ
Treasurer's physical address (required): 1255 RUIZ AVE SAN LUIS AZ 85349
Treasurer's mailing address (if different): P.O. BOX 10382 SAN LUIS AZ 85349
Treasurer's email address (required): MCCRUIZ4SLCITYCOUNCIL@gmail.com
Treasurer's phone number (required): 559-301-7460
Treasurer's employer (required): N/A
Treasurer's occupation (required): N/A

Bank or Financial Institution: Bank name (required): 1ST Bank Yuma San Luis AZ 85349
(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: 5/26/22
Treasurer's signature: Maria C. Cruz Date: 5/26/22
Candidate's signature (if applicable): Maria C. Cruz Date: 5/26/22