

Initial Application
 Amended Application
Date: 09/14/2018



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

PC 2018-05

COMMITTEE TYPE (choose one):

RECEIVED
SEP 14 2018
BY: Susan Walsh

Candidate

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

Candidate Information: Candidate's Name (required): _____
Candidate's mailing address (required): _____
Candidate's email address (required): _____
Candidate's phone number (required): _____
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: _____ District (if applicable): _____

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

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

Political Action Committee (PAC)

Committee Name (required): Citizens for Transportation Solutions
(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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COMMITTEE ID NUMBER
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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 110 W Dale Ave, Flagstaff, AZ 86001
Committee's email address (required): Richard.Bowen@econa-az.com
Committee's phone number (if any): 928-220-1635
Committee's website (if any): _____

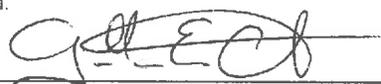
Chairperson's Information: Chairperson's name (required): Guillermo Cortes
Chairperson's physical address (required): 110 W Dale Ave, Flagstaff, AZ 86001
Chairperson's mailing address (if different): gcortes@swiaz.com
Chairperson's email address (required): _____
Chairperson's phone number (required): (928) 773-0354
Chairperson's employer (required): Shepherd Wesnitzer Inc.
Chairperson's occupation (required): Civil Engineer

Treasurer's Information: Treasurer's name (required): Richard Bowen
Treasurer's physical address (required): 121 E Birch Ave Ste 503 Flagstaff AZ 86001
Treasurer's mailing address (if different): _____
Treasurer's email address (required): Richard.Bowen@econa-az.com
Treasurer's phone number (required): 928-220-1635
Treasurer's employer (required): Genterra Enterprises
Treasurer's occupation (required): Consultant

Bank or Financial Institution: Bank name (required): SunWest Bank
(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:  Date: 9/14/2018

Treasurer's signature:  Date: 9/14/2018

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