

RECEIVED

Initial Application

Amended Application

Date: _____

APR 06 2020

BY: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

CC 2020-02

COMMITTEE TYPE (choose one):

Candidate

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

Anthony Garcia for Flagstaff

Candidate Information:

Candidate's Name (required): Anthony Luciano Garcia

Candidate's mailing address (required): 1716 E. Johnson Ave, Flagstaff, AZ 86004

Candidate's email address (required): anthony4flagstaff@gmail.com

Candidate's phone number (required): 928-853-7056

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 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:
(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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**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 1716 E. Johnson Ave, Flagstaff, AZ 86004
Committee's email address (required): anthony4flagstaff@gmail.com
Committee's phone number (if any): 928-853-7056
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Anthony Garcia
Chairperson's physical address (required): 1716 E. Johnson Ave, Flagstaff, AZ 86004
Chairperson's mailing address (if different): _____
Chairperson's email address (required): anthony4flagstaff@gmail.com
Chairperson's phone number (required): 928-853-7056
Chairperson's employer (required): Spellmans Hardwoods
Chairperson's occupation (required): Driver

Treasurer's Information: Treasurer's name (required): Anthony Garcia
Treasurer's physical address (required): 1716 E. Johnson Ave, Flagstaff, AZ 86004
Treasurer's mailing address (if different): _____
Treasurer's email address (required): anthony4flagstaff@gmail.com
Treasurer's phone number (required): 928-853-7056
Treasurer's employer (required): Spellmans Hardwoods
Treasurer's occupation (required): driver

Bank or Financial Institution: Bank name (required): Bank of America
(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: 4-1-2020

Treasurer's signature: [Signature] Date: 4-1-2020

Candidate's signature (if applicable): [Signature] Date: 4-1-2020