

- Initial Application
 - Amended Application
- Date: June 10, 2020



YUMA COUNTY
COMMITTEE STATEMENT OF
ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
2020 - 05

COMMITTEE TYPE (choose one):

JUN 11 2020 PM 2:59

Candidate

Committee Name (required): Committee to Elect Mark Martinez
 (first or last name & office)

Candidate Information: Candidate's Name (required): Mark MARTINEZ

Candidate's mailing address (required): _____

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

Candidate's phone number (required): _____

Candidate's website (if any): _____

Office Sought (choose one):

- | | |
|--------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Assessor | <input type="checkbox"/> Board of Supervisors – District _____ |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Constable – Precinct _____ |
| <input type="checkbox"/> Clerk of Superior Court | <input type="checkbox"/> Justice of the Peace – Precinct _____ |
| <input type="checkbox"/> Recorder | <input type="checkbox"/> Superior Court Judge- Division _____ |
| <input type="checkbox"/> School Superintendent | <input type="checkbox"/> Other Office: _____ |
| <input checked="" type="checkbox"/> Sheriff | <input type="checkbox"/> District (if applicable) _____ |
| <input type="checkbox"/> Treasurer | |

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

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

Political Action Committee (PAC)

Committee Name (required): _____
 (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 (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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YUMA COUNTY COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): _____
Committee's email address (required): markmartinezforsheriff@gmail.com
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Salvador PEREZ
Chairperson's physical address (required): 3920 S Akers Way, Yuma, AZ 85365
Chairperson's mailing address (if different): _____
Chairperson's email address (required): spg112151@gmail.com
Chairperson's phone number (required): 928-304-1631
Chairperson's employer (required): Arizona Western College
Chairperson's occupation (required): Campus Police

Treasurer's Information: Treasurer's name (required): Alfredo JUAREZ JR
Treasurer's physical address (required): 2553 S 34th Drive, Yuma, AZ 8364
Treasurer's mailing address (if different): _____
Treasurer's email address (required): alfredo.juarez1231@gmail.com
Treasurer's phone number (required): 928-246-6518
Treasurer's employer (required): National Community Health Partners
Treasurer's occupation (required): Outreach

Bank or Financial Institution: Bank name (required): AEA Federal Credit Union
(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: Salvador Perez Date: 6/11/2020

Treasurer's signature: Alfredo Juarez Jr Digitally signed by Alfredo Juarez Jr
Date: 2020.06.10 14:16:57 -0700 Date: June 10, 2020

Candidate's signature (if applicable): Mark Martinez Mark Martinez (Jun 11, 2020 10:12 PDT) Date: _____