

Initial Application  
 Amended Application  
 Date: May 24, 2022



**STATE OF ARIZONA**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
2022-03

COMMITTEE TYPE (choose one):

**Candidate**  
 Committee Name (required): M04 Town Council  
 (first or last name & office)  
 Candidate Information:  
 Candidate's Name (required): Jose L. maldonado  
 Candidate's mailing address (required): 6606 W. Georgetown Way Florence AZ 85132  
 Candidate's email address (required): m04 Council m04 town council@gmail.com  
 Candidate's phone number (required): (803) 847-6141  
 Candidate's website (if any): n/a  
 Office Sought (choose one):  
 County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_  
 City/Town Office: Florence  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:  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:  
 (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)

Received

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 (office use only)  
2022-03

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 6606 W. Georgetown Way Florence AZ 85732  
 Committee's email address (required): m04towncouncil@gmail.com  
 Committee's phone number (if any): (803) 847-6141 or (843) 992-6632  
 Committee's website (if any): n/a

**Chairperson's Information:** Chairperson's name (required): Jose L. Maldonado  
 Chairperson's physical address (required): same as above  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): \_\_\_\_\_  
 Chairperson's phone number (required): \_\_\_\_\_  
 Chairperson's employer (required): \_\_\_\_\_  
 Chairperson's occupation (required): \_\_\_\_\_

**Treasurer's Information:** Treasurer's name (required): Cathy Adam  
 Treasurer's physical address (required): 240 E. Ruggles Florence, AZ 85732  
 Treasurer's mailing address (if different): P.O. Box 1825 Florence, AZ 85732  
 Treasurer's email address (required): cadam240@gmail.com  
 Treasurer's phone number (required): (520) 858-2033  
 Treasurer's employer (required): Retired  
 Treasurer's occupation (required): same

**Bank or Financial Institution:** Bank name (required): Pinal County 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: [Signature] Date: 5/24/22

Treasurer's signature: [Signature] Date: 5/24/22

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_