

Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
 P20-07

2020 JUN -1 PM 12:55

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Sylvia Guanajuato Rodriguez
 (first or last name & office) for Eloy City Council

Candidate Information:

Candidate's Name (required): Sylvia Guanajuato Rodriguez

Candidate's mailing address (required): 312 S. Penn St., Eloy, AZ 85131

Candidate's email address (required): Taylor1904@yahoo.com

Candidate's phone number (required): (520) 431-0495

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): Eloy

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:

(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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COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): 312 S. Penn St., Eloy, AZ 85131
Committee's email address (required): Jaylan1904@yahoo.com
Committee's phone number (if any): (520) 431-0495
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): Sylvia Guanajuato Rodriguez
Chairperson's physical address (required): 202 E Ash St., Eloy, AZ 85131
Chairperson's mailing address (if different): 312 S. Penn St., Eloy, AZ 85131
Chairperson's email address (required): Jaylan1904@yahoo.com
Chairperson's phone number (required): (520) 431-0495
Chairperson's employer (required): Pinal County
Chairperson's occupation (required): Victim Advocate

Treasurer's Information:
Treasurer's name (required): Sylvia Guanajuato Rodriguez
Treasurer's physical address (required): 202 E Ash St., Eloy, AZ 85131
Treasurer's mailing address (if different): 312 S. Penn St., Eloy, AZ 85131
Treasurer's email address (required): Jaylan1904@yahoo.com
Treasurer's phone number (required): (520) 431-0495
Treasurer's employer (required): Pinal County
Treasurer's occupation (required): Victim Advocate

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: 6.1.2020
Treasurer's signature: [Signature] Date: 6.1.2020
Candidate's signature (if applicable): [Signature] Date: 6.1.2020