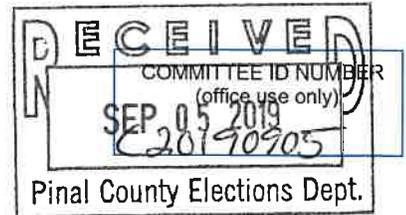


Initial Application  
 Amended Application  
 Date: 9/5/19



**PINAL COUNTY  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**



COMMITTEE TYPE (choose one):

**Candidate** C20190905

*Committee Name* (required): Committee to Elect Michael "Mike" Cruz for Pinal County Assessor  
 (first or last name & office)

*Candidate Information:*  
 Candidate's Name (required): Michael Cruz  
 Candidate's mailing address (required): PO Box 10327 Casa Grande, AZ 85130  
 Candidate's email address (required): cruzforassessor@gmail.com  
 Candidate's phone number (required): (520) 276-0799  
 Candidate's website (if any): www.cruzforassessor.com

*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: Assessor     District (if applicable): \_\_\_\_\_  
 City/Town Office: \_\_\_\_\_     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)