

State of Arizona

Department of State



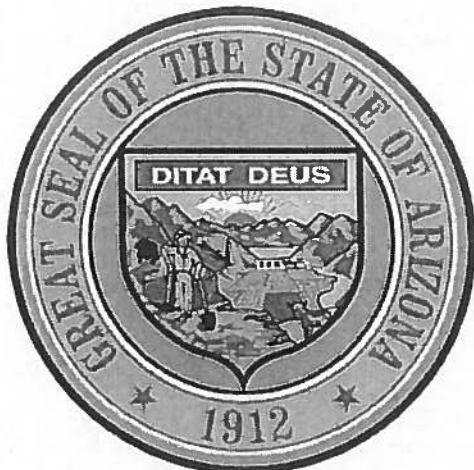
Campaign Finance Statement of Organization

I, Michele Reagan, Arizona Secretary of State, do hereby certify that on June 26, 2017, "**LATINO POLITICAL ACTION COMMITTEE DEL RIO SALADO**" filed an initial Statement of Organization with the Arizona Secretary of State's Office. This committee has been assigned Identification Number **201800234**. The Chairperson and Treasurer have read the Secretary of State's campaign finance filing guide, agreed to comply with Arizona campaign finance law, and agreed to accept all notifications and service of process via email.

Committee LATINO POLITICAL ACTION COMMITTEE DEL RIO SALADO
215 N ROBSON
MESA, AZ 85201
Type: POLITICAL ACTION COMMITTEE
Organization Date: 07/05/2017
Bank: ALLIANCE BANK
Contact: (480) 239-6816 attyaustin@gmail.com

Chairperson PHILLIP AUSTIN
215 N ROBSON
MESA, AZ 85201
Employer/Occupation: LAW OFFICE OF PHILLIP AUSTIN/attorney
Contact: (480) 644-0506 attyaustin@gmail.com

Treasurer TERESA PENA
1916 E RIVIERA DR
TEMPE, AZ 85282
Employer/Occupation: BBVA COMPASS/banker
Contact: tpena2@yahoo.com



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Arizona. Done at the Capitol in Phoenix, on this day, September 13, 2017.

Michele Reagan

Michele Reagan
Secretary of State



**MARICOPA COUNTY
COMMITTEE
STATEMENT OF ORGANIZATION**

COMMITTEE ID#

Initial Registration

Amended Registration

TYPE OF POLITICAL COMMITTEE (choose one):

DATE: 08/11/2017

<input type="checkbox"/> Candidate	<input type="checkbox"/> Political Party <i>(attach proof of qualification pursuant to ARS 16-802, 16-804 or 16-823)</i>
<input checked="" type="checkbox"/> Political Action Committee (PAC)	<input type="checkbox"/> County Party <input type="checkbox"/> Leg Dist Party

COMMITTEE NAME (required) *If sponsored, must include sponsor's name*
Latino Political Action Committee Del Rio Salado

RESIDENCE ADDRESS (Number and Street) 215 N. Robson	CITY Mesa	STATE AZ	ZIP 85201
MAILING ADDRESS (If Different from Residence Address) 1916 E. Rivjera Dr.	CITY Tempe	STATE AZ	ZIP 85282
COMMITTEE PHONE # (required) 602-463-0139	COMMITTEE EMAIL ADDRESS (required) tpenaplu2@yahoo.com		
COMMITTEE WEBSITE (if any)	ELECTION CYCLE (year the election will take place)		

CANDIDATE INFORMATION

CANDIDATE NAME:			
PARTY AFFILIATION:		OFFICE SOUGHT: (Including District)	
RESIDENCE ADDRESS (Number and Street)	CITY	STATE	ZIP

POLITICAL ACTION COMMITTEE INFORMATION

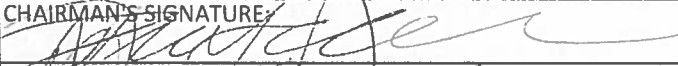

POLITICAL FUNCTION (select any that apply)		Candidate Related Independent Expenditures	
<input checked="" type="checkbox"/> Contributions	<input type="checkbox"/> Recall Expenditures	<input type="checkbox"/>	Ballot Measure Expenditures

SPECIAL STATUS (if applicable)

<input type="checkbox"/>	Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
<input type="checkbox"/>	Standing Committee (provide copy of AZSOS registration)
<input type="checkbox"/>	Mega PAC (provide copy of AZSOS registration)

SPONSORSHIP INFORMATION (if applicable)

NAME OR NICKNAME	PHONE NUMBER
MAILING ADDRESS	
EMAIL ADDRESS	WEBSITE (if any)

BANK ACCOUNT INFORMATION (BANK NAME)			
1. Alliance Bank of Arizona	2.	3.	
COMMITTEE OFFICER INFORMATION:			
CHAIRPERSON (First Name) Phillip		(Last Name) Austin	
RESIDENCE ADDRESS (Number and Street) 215 N. Robson		CITY Mesa	STATE AZ
MAILING ADDRESS (If Different from Residence Address)		CITY	STATE
CHAIRMAN PHONE # 480-239-6816		CHAIRMAN EMAIL ADDRESS attyaustin@gmail.com	
CHAIRMAN OCCUPATION Attorney		CHAIRMAN EMPLOYER Self-employed	
TREASURER (First Name) Teresa		(Last Name) Pena	
RESIDENCE ADDRESS (Number and Street) 1916 E. Riviera Dr		CITY Tempe	STATE AZ
MAILING ADDRESS (If Different from Residence Address)		CITY	STATE
TREASURER TELEPHONE # 602-463-0139		TREASURER EMAIL ADDRESS tpenaplus2@yahoo.com	
TREASURER OCCUPATION Banker		TREASURER EMPLOYER BBVA Compass Bank	
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.			
DATE: 8/29/2017	CHAIRMAN'S SIGNATURE: 		
DATE: 8/29/2017	TREASURER'S SIGNATURE: 		
DATE:	CANDIDATE'S SIGNATURE (if applicable):		