

Initial Application
 Amended Application
Date: 11-27-2018



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
CAN2020-07

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Martinez For Mesa
(first or last name & office)

Candidate Information:
Candidate's Name (required): Jacob Martinez
Candidate's mailing address (required): 1914 W. Portobello Ave Mesa, AZ 85202
Candidate's email address (required): jacobdanielmartinez@grail.com
Candidate's phone number (required): 602-733-7072
Candidate's website (if any): jacobmartinez-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: _____ District (if applicable): _____
 City/Town Office: Mesa District (if applicable): 3

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

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

2018 NOV 27 PM 4: 16
MESA CITY CLERK

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)

Initial Application
 Amended Application
Date: 11-27-2018



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 1914 W. Portobello Ave Mesa, AZ 85202
Committee's email address (required): jacobdanielmartinez@gmail.com
Committee's phone number (if any): (602)-733-7072
Committee's website (if any): Jacobmartinez.com

Chairperson's Information: Chairperson's name (required): Jacob Martinez
Chairperson's physical address (required): 1914 W. Portobello Ave, Mesa, AZ, 85202
Chairperson's mailing address (if different): _____
Chairperson's email address (required): jacobdanielmartinez@gmail.com
Chairperson's phone number (required): (602)733-7072
Chairperson's employer (required): QuikTrip
Chairperson's occupation (required): Clerk

Treasurer's Information: Treasurer's name (required): " "
Treasurer's physical address (required): _____
Treasurer's mailing address (if different): _____
Treasurer's email address (required): " "
Treasurer's phone number (required): " "
Treasurer's employer (required): " "
Treasurer's occupation (required): " "

Bank or Financial Institution: Bank name (required): Chase
(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: _____ Date: 11-27-18

Treasurer's signature: _____ Date: 11-27-18

Candidate's signature (if applicable): _____ Date: 11-27-18