



Committee Statement of Organization

For Office Use Only



Initial Application Amended Application

DATE 07/07/2020	ID# (office use only) 20.SCC.03
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COMMITTEE TYPE (choose one)

<input checked="" type="checkbox"/>	CANDIDATE
COMMITTEE NAME (must include candidate's first or last name and, if the candidate has a candidate committee open for more than one office, the office sought) Ana "Anita" Moreno	
ELECTION CYCLE FOR OFFICE SOUGHT (year election will take place, required) 2020	PARTY AFFILIATION (required for partisan offices) <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Green <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other: _____
CANDIDATE'S NAME (required) Ana "Anita" Moreno	
CANDIDATE'S MAILING ADDRESS (required) P.O. Box 7435	CITY Nogales
	STATE AZ
	ZIP 85628
CANDIDATE'S EMAIL ADDRESS (required)	CANDIDATE'S PHONE NUMBER (required) (520) 841-3174
	CANDIDATE'S WEBSITE (if any)
OFFICE SOUGHT (required, choose one)	
<input type="checkbox"/> Assessor <input checked="" type="checkbox"/> Recorder <input type="checkbox"/> Attorney <input type="checkbox"/> School Superintendent <input type="checkbox"/> Board of Supervisors – District: _____ <input type="checkbox"/> Sheriff <input type="checkbox"/> Clerk of Superior Court <input type="checkbox"/> Superior Court Judge – Division: _____ <input type="checkbox"/> Constable – Precinct: _____ <input type="checkbox"/> Treasurer <input type="checkbox"/> Justice of the Peace – Precinct: _____ <input type="checkbox"/> School District Governing Board – District: _____ <input type="checkbox"/> Special District Board (fire, water, sanitation, hospital, road, etc.) – District: _____	

<input type="checkbox"/>	Political Action Committee (PAC)
COMMITTEE NAME (if sponsored, must include sponsor's name)	
POLITICAL FUNCTION (optional) (choose any that apply)	
<input type="checkbox"/> Ballot Measure Expenditures <input type="checkbox"/> Candidate-Related Independent Expenditures <input type="checkbox"/> Contributions <input type="checkbox"/> Recall Expenditures	
SPONSORSHIP INFORMATION (if applicable)	
SPONSOR'S NAME OR NICKNAME (required)	
SPONSOR'S MAILING ADDRESS (required)	CITY
	STATE
	ZIP
SPONSOR'S EMAIL ADDRESS (required)	SPONSOR'S PHONE NUMBER (if any)
	SPONSOR'S WEBSITE (if any)
SPECIAL STATUS (if applicable)	
Choose one	
<input type="checkbox"/> Separate Segregated Fund of a Corporation, LLC, Partnership, or Union <input type="checkbox"/> Standing Committee (must also complete separate standing committee registration) <input type="checkbox"/> Mega PAC (must provide proof of Mega PAC status to filing officer, amended applications only)	

<input type="checkbox"/>	POLITICAL PARTY
PARTY NAME (must include party affiliation)	
JURISDICTION	
<input type="checkbox"/> County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) <input type="checkbox"/> Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	
SPECIAL STATUS (if applicable)	
<input type="checkbox"/> Standing Committee (must also complete separate standing committee registration)	

Santa Cruz County Elections Department
2150 N. Congress Dr., Rm. 119
Nogales, AZ 85621 (520) 375-7812

COMMITTEE INFORMATION

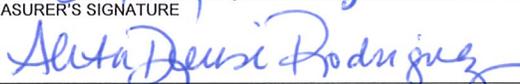
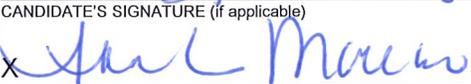
COMMITTEE'S MAILING ADDRESS (required) P.O. Box 7435		CITY Nogales	STATE AZ	ZIP 85628
COMMITTEE'S EMAIL ADDRESS (required) * Anita Moreno 4recorder@gmail.com	COMMITTEE'S PHONE NUMBER (if any) 520-841-3176	COMMITTEE'S WEBSITE (if any) anita4countyrecorder.com		
CHAIRPERSON'S INFORMATION				
CHAIRPERSON'S NAME (required) Alexa Ramirez				
CHAIRPERSON'S PHYSICAL ADDRESS (required) 1873 W Meadow Hills Dr		CITY Nogales	STATE AZ	ZIP 85621
CHAIRPERSON'S MAILING ADDRESS (if different) PO Box 2114		CITY Nogales	STATE AZ	ZIP 85628
CHAIRPERSON'S EMAIL ADDRESS (required) Ramirez.alexac@gmail.com	CHAIRPERSON'S EMPLOYER (required) N/A			
CHAIRPERSON'S PHONE NUMBER (required) 520-313-3618	CHAIRPERSON'S OCCUPATION (required) RETIRED			
TREASURER'S INFORMATION				
TREASURER'S NAME (required) Aleta Denise Rodriguez				
TREASURER'S PHYSICAL ADDRESS (required) 1743 W Monte Vista Way		CITY Nogales	STATE AZ	ZIP 85621
TREASURER'S MAILING ADDRESS (if different)		CITY	STATE	ZIP
TREASURER'S EMAIL ADDRESS (required) rodzfam@centurylink.net	TREASURER'S EMPLOYER (required) Wells Fargo Bank			
TREASURER'S PHONE NUMBER (required) (520) 313-1183	TREASURER'S OCCUPATION (required) Banker			

BANK OR FINANCIAL INSTITUTION INFORMATION DO NOT LIST ACCOUNT NUMBERS

BANK NAME (required) Wells Fargo Bank	ADDITIONAL BANK NAME (if applicable)	ADDITIONAL BANK NAME (if applicable)
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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 X 	DATE 07-07-2020
TREASURER'S SIGNATURE X 	DATE 07-07-2020
CANDIDATE'S SIGNATURE (if applicable) X 	DATE 07-07-2020