



**MARICOPA COUNTY  
COMMITTEE  
STATEMENT OF ORGANIZATION**

21 SEP 23 AM 10:37

MARICOPA COUNTY  
DEPT. OF ELECTIONS 

COMMITTEE ID#  
1001711

Initial Registration  Amended Registration

TYPE OF POLITICAL COMMITTEE (choose one):		DATE:	
<input checked="" 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 type="checkbox"/> County Party	<input type="checkbox"/> Leg Dist Party
<input type="checkbox"/> Political Action Committee (PAC)			

COMMITTEE NAME (required) *If sponsored, must include sponsor's name*  
 COMMITTEE TO ELECT ADRIAN FONTES - FONTES 2020

RESIDENCE ADDRESS (Number and Street)	CITY	STATE	ZIP
MAILING ADDRESS (If Different from Residence Address)	CITY	STATE	ZIP
COMMITTEE PHONE # (required)	COMMITTEE EMAIL ADDRESS (required) adrian@electfontes.com		
COMMITTEE WEBSITE (if any) ELECTFONTES.COM	ELECTION CYCLE (year the election will take place) 2020		

**CANDIDATE INFORMATION**

CANDIDATE NAME:  
Adrian FONTES

PARTY AFFILIATION: Dem	OFFICE SOUGHT: (Including District) County Recorder, MARICOPA		
RESIDENCE ADDRESS (Number and Street) 1230 E. WINDSOR AVE.	CITY Phoenix	STATE AZ	ZIP 85006

**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"/> Mega PAC (provide copy of AZSOS registration)
<input type="checkbox"/> Standing Committee (provide copy of AZSOS registration)	

**SPONSORSHIP INFORMATION (if applicable)**

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

