



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

Initial Application
 Amended Application
Date: 03/25/24

COMMITTEE ID NUMBER
(office use only)
COB-2024-001

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information:

Candidate's Name (required): _____

Candidate's mailing address (required): _____

Candidate's email address (required): _____

Candidate's phone number (required): _____

Candidate's website (if any): _____

Office Sought (choose one):

County Office: _____ District (if applicable): _____

City/Town Office: _____ District (if applicable): _____

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

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

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)

No Bad Infrastructure _____

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)
 Standing Committee (must also complete separate standing committee registration)

Special Status
(if applicable)

Initial Application
Date March 25th 2024



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): 22917 W Yavapai St. o Buckeye, AZ. 85326
 Committee's email address (required): carmonabuckeye@gmail.com
 Committee's phone number (if any):
 Committee's website (if any):

Chairperson's Information:
 Chairperson's name (required): Robert Carmona
 Chairperson's physical address (required): 22917 W Yavapai St. o Buckeye, AZ. 85326
 Chairperson's mailing address (if different):
 Chairperson's email address (required):
 Chairperson's phone number (required): (602) 390-6001
 Chairperson's employer (required): Building Products Company
 Chairperson's occupation (required): Assistant Plant Manager

Treasurer's Information:
 Treasurer's name (required): Amadeo Ramos
 Treasurer's physical address (required): 22037 W. Kimberly Drive o Buckeye, AZ. 85326
 Treasurer's mailing address (if different):
 Treasurer's email address (required): amadeocarizona54@gmail.com
 Treasurer's phone number (required): (510) 541-6752
 Treasurer's employer (required): Building Products Company
 Treasurer's occupation (required): safety and quality control manager

Bank or Financial Institution:
 Bank name (required): Chase bank
 Additional bank name (if applicable):
 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: Robert Carmona Date: 3-6-2024
 Treasurer's signature: Amadeo Ramos Date: 3-6-2024
 Candidate's signature (if applicable): _____ Date: _____