

Initial Application
 Amended Application
Date: 5/22/2026



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
SLC 2026-06

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Erik Luzanilla for Council
(first or last name & office)

Candidate Information:

Candidate's Name (required): Erik Luzanilla

Candidate's mailing address (required): P.O. Box 14948

Candidate's email address (required): luzanilla10@yahoo.com

Candidate's phone number (required): (806) 229-6597

Candidate's website (if any): _____

Office Sought (choose one):

County Office: _____ District (if applicable): _____

City/Town Office: City Council 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): July, 2026

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

Political Action Committee (PAC)

Committee Name (required): _____
(if sponsored, must include sponsor's name)

Political Function (optional): Contributions Candidate-Related Independent Expenditures
(select any that apply) 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)

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MAY 22 2026

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 Date: 5/22/26



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
SLC2026-04

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): P.O. Box 14948
 Committee's email address (required): luzsnills10@yahoo.com
 Committee's phone number (if any): (806) 729-6597
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Erik Luzsnills
 Chairperson's physical address (required): 213 S. Amereley Ave
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): luzsnills10@yahoo.com
 Chairperson's phone number (required): (806) 729-6597
 Chairperson's employer (required): Campeñinos Sin Fronteras
 Chairperson's occupation (required): Program Coordinator

Treasurer's Information: Treasurer's name (required): Same as Chairmen
 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): Avenir Financial
 (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: [Signature] Date: 5/22/26
 Treasurer's signature: [Signature] Date: 5/22/26
 Candidate's signature (if applicable): _____ Date: _____

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CITY CLERK'S OFFICE