

Initial Application  
 Amended Application  
Date: 5/10/20



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
SLC20206-02

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): Matias Rosales for Mayor  
(first or last name & office)

Candidate Information: Candidate's Name (required): Matias Rosales  
Candidate's mailing address (required): P.O. Box 10822 SE AZ 85349  
Candidate's email address (required): matias.rosalesAZ@gmail.com  
Candidate's phone number (required): 975 304 2447  
Candidate's website (if any): www.matiasrosales.com

Office Sought (choose one):  County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_  
 City/Town Office: Mayor  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): 2020

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: Sponsor's name or nickname (required): \_\_\_\_\_  
(if applicable) 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: 5/07/20



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
SLC 2026-02

COMMITTEE INFORMATION:

**Contact Information:**  
Committee's mailing address (required): P.O. Box 10822  
Committee's email address (required): matias.rosales@arizona.gov  
Committee's phone number (if any): 928 304 2447  
Committee's website (if any): www.matiasrosales.com

**Chairperson's Information:**  
Chairperson's name (required): Matias Rosales  
Chairperson's physical address (required): 1509 N. 7th Ave  
Chairperson's mailing address (if different): SAME  
Chairperson's email address (required): SAME  
Chairperson's phone number (required): SAME  
Chairperson's employer (required): SELF  
Chairperson's occupation (required): SELF

**Treasurer's Information:**  
Treasurer's name (required): Matias Rosales  
Treasurer's physical address (required): SAME  
Treasurer's mailing address (if different): SAME  
Treasurer's email address (required): SAME  
Treasurer's phone number (required): SAME  
Treasurer's employer (required): SAME  
Treasurer's occupation (required): SAME

**Bank or Financial Institution:**  
(do not list acct numbers) Bank name (required): Avenir  
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: 5/7/20  
Treasurer's signature: [Signature] Date: 5/7/20  
Candidate's signature (if applicable): [Signature] Date: 5/7/20

RECEIVED  
MAY - 7 2026  
CITY CLERK'S OFFICE