

Initial Application
 Amended Application
Date: 8-20-18



STATE OF ARIZONA RECEIVED
COMMITTEE STATEMENT
OF ORGANIZATION
AUG 20 2018

COMMITTEE ID NUMBER
(office use only)
07-12

COMMITTEE TYPE (choose one).

CHANDLER CITY CLERK

Candidate

Committee Name (required): Curbelo for Chandler Council
(first or last name & office)

Candidate Information:
Candidate's Name (required): Jose Curbelo
Candidate's mailing address (required): 972 E Birchwood PL CH 85249
Candidate's email address (required): JOSEPH@PHYBEST.COM
Candidate's phone number (required): 480-252-2942
Candidate's website (if any): _____

Office Sought (choose one):
 Governor Secretary of State Attorney General State Treasurer
 Superintendent of Public Instruction State Mine Inspector Corporation Commissioner
 State Senate State House of Representatives District (required): _____
 County Office: _____ District (if applicable): _____
 City/Town Office: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2020

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)

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)

Special Status (if applicable)
 Standing Committee (must also complete separate standing committee registration)

Initial Application
 Amended Application
 Date: 6-30-17 8-20-18



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
C-17-12

COMMITTEE INFORMATION:

Contact Information:
 Committee's mailing address (required): 972 E Birchwood pl CH AZ
 Committee's email address (required): JM CURBelo @cox.net 85249
 Committee's phone number (if any): 480-252-2942
 Committee's website (if any): _____

Chairperson's Information:
 Chairperson's name (required): JOSEPH CURBelo
 Chairperson's physical address (required): 972 E Birchwood pl CH AZ 85249
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): JOSEPH @ PHX BEST . COM
 Chairperson's phone number (required): 480-252-2942
 Chairperson's employer (required): Self - Broker
 Chairperson's occupation (required): R.E. Broker

Treasurer's Information:
 Treasurer's name (required): JOSEPH CURBelo
 Treasurer's physical address (required): 972 E. Birchwood pl CH AZ 85249
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): JOSEPH @ PHX BEST . COM
 Treasurer's phone number (required): 480 252-2942
 Treasurer's employer (required): Self
 Treasurer's occupation (required): Broker R.E.

Bank or Financial Institution:
 Bank name (required): CHASE.
 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: _____ Date: _____
 Treasurer's signature: _____ Date: _____
 Candidate's signature (if applicable): [Signature] Date: 6-30-17