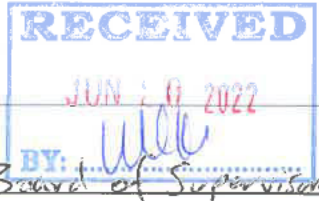


Initial Application  
 Amended Application  
 Date: 6/20/22



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
22-009



COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Tomas Hernandez for Board of Supervisors - District 2  
(first or last name & office)

Candidate Information:  
 Candidate's Name (required): Tomas Hernandez  
 Candidate's mailing address (required): [REDACTED]  
 Candidate's email address (required): Tahernandez1974@gmail.com  
 Candidate's phone number (required): (928) 856-9174  
 Candidate's website (if any): \_\_\_\_\_

Office Sought (choose one):  
 County Office: Cocconino       District (if applicable): 2  
 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): 2022

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): Democratic  
(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: 6/20/22



**STATE OF ARIZONA**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): [REDACTED]  
 Committee's email address (required): Flagstaff, AZ 86001  
 Committee's phone number (if any): (928) 850-9174  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Tomas Hernandez  
 Chairperson's physical address (required): [REDACTED]  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): Tahernandez1974@gmail.com  
 Chairperson's phone number (required): (928) 850-9174  
 Chairperson's employer (required): Legacy Beverage LLC  
 Chairperson's occupation (required): Sales Manager

**Treasurer's Information:** Treasurer's name (required): Tomas Hernandez  
 Treasurer's physical address (required): [REDACTED]  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): Tahernandez1974@gmail.com  
 Treasurer's phone number (required): (928) 850-9174  
 Treasurer's employer (required): Legacy Beverage LLC  
 Treasurer's occupation (required): Sales Manager

**Bank or Financial Institution:** Bank name (required): Bank of America  
 (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: 6/20/2022

Treasurer's signature: [Signature] Date: 6/20/2022

Candidate's signature (if applicable): [Signature] Date: 6/20/2022