☐ Initial Application
☐ Amended Application
Date: 07/28/2025 4/31/2025



COMMITTEE ID NUMBER (office use only)

Sarah Thornhill

COMMITTEE TYPE (choose one):

Candidate	
Committee Name (required): (first or last name & office)	Brandon Montoya for Mayor
Candidate Information:	Candidate's Name (required): Brandon Montoya
	Candidate's mailing address (required):
	Candidate's email address (required): info@brandonmontoya.com
	Candidate's phone number (required): (928) 460-0972
	Candidate's website (if any): www.brandonmontoya.com
Office Sought (choose one):	□ County Office: □District (if applicable): □
omes cought (onesco cha).	
	■ City/Town Office: Mayor □ District (if applicable): □ □
	□ School Board Office: □ □ District (if applicable): □
	□ Special District Board: □ District (if applicable):
Election Cycle for Office Soug	tht (year the election will take place) (required): 2025
Party Affiliation: required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
sponsor's name) Political Function (optional): select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
sciect any mat apply)	El Ballot Modelle Experiances El Recall Experiances
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 (ii anv).
Special Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
Special Status if applicable)	
The Control of the Co	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
The Control of the Co	 □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
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if applicable)	 □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
☐ Political Party Committee Name (required):	□ 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) ■ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
☐ Political Party Committee Name (required): (must include party affiliation)	□ 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) □ 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)
☐ Political Party Committee Name (required): (must include party affiliation)	□ 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) □ 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)
f applicable) Political Party Committee Name (required): must include party affiliation)	□ 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) □ 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)

☐ Initial Application☐ Amended ApplicationDate: 07/28/2025



COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

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	Contact Information:	Committee's mailing address (required):
		Committee's email address (required): info@brandonmontoya.com
		Committee's phone number (if any): (928) 460-0972
		Committee's website (if any): brandonmontoya.com
	Chairperson's Information:	Chairperson's name (required): Brandon Montoya
		Chairperson's physical address (required):
		Chairperson's mailing address (if different):
		Chairperson's email address (required): brandon.joe.montoya@gmail.com
		Chairperson's phone number (required): (928) 460-0972
		Chairperson's employer (required): Montoya Wealth Management
		Chairperson's occupation (required): Financial Planner
	Treasurer's Information:	Treasurer's name (required): Rex Townsend
		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): Retired
		Treasurer's occupation (required): Retried
	Bank or Financial Institution:	Bank name (required): Foothills Bank
	(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 corre chairperson or treasurer of the committee named herein, if applicable; (2) design committee and authorize it to receive/make contributions/expenditures on my be campaign finance and reporting guide; (4) agree to comply with Arizona election §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service o	nate the above-named committee as my official candidate that, if applicable; (3) have read the Secretary of State's law, including campaign finance laws codified at A.R.S.
address(es) provided herein. Chairperson's signature:	Date: 7/28/2025
Treasurer's signature: Ky Townsund	
Candidate's signature (if applicable):	Date: