

Initial Application
 Amended Application
 Date: 2/17/22



**City of Tucson
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
22-335-CT

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): _____
 (first or last name & office)

Candidate Information: Candidate's Name (required): _____
 Candidate's mailing address (required): _____
 Candidate's email address (required): _____
 Candidate's phone number (required): _____
 Candidate's website (if any): _____

Office Sought (choose one): Mayor Council Member, Ward _____

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

Party Affiliation: Democrat Libertarian Republican Other: _____
 (required)

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 CITY CLERK

Political Action Committee (PAC)

Committee Name (required): Tucsonans for Better, Safer Streets
 (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 must be filed with Secretary of State Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
 (if applicable) 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 must be filed with Secretary of State Standing Committee (must also complete separate standing committee
 (if applicable) registration)

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 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
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COMMITTEE INFORMATION:

1830 E Broadway, Suite 124-102

Contact Information:

Committee's mailing address (required): ~~2008 S. ...~~, Tucson AZ ~~85719~~ 85719
 Committee's email address (required): compliance@bettersaferstreets.org
 Committee's phone number (if any): 520-222-7784
 Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): Karin Uhlich Ian W. McDowell
 Chairperson's physical address (required): 2250 E Reindale 2015 W. River Road
 Chairperson's mailing address (if different): Tucson AZ 85719 Tucson AZ 85704
 Chairperson's email address (required): karinuhlich@yahoo.com iwmcdowell@sundt.com
 Chairperson's phone number (required): (520) 240-7418 (520) 750-4780
 Chairperson's employer (required): Arizona Complete Health Sundt Construction, Inc.
 Chairperson's occupation (required): Administrator VP, Regional Manager

Treasurer's Information:

Treasurer's name (required): THOMAS W. WARNE
 Treasurer's physical address (required): 70 W. CUSHING ST 85701
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): TJINVESTMENTS@aol.com
 Treasurer's phone number (required): 520 907 0672
 Treasurer's employer (required): 520 907 884 8843
 Treasurer's occupation (required): COMMERCIAL REAL ESTATE CONSULTANT

Bank or Financial Institution:
 (do not list acct numbers)

Bank name (required): National Bank of Arizona
 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:

Karin Uhlich Ian W. McDowell

Date:

2/17/22 2/17/22

Treasurer's signature:

Thomas W. Warne

Date:

2/16/2022

Candidate's signature (if applicable): _____

Date: _____

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