



committee id Number (office use only)

20-319-61

23-343-07-8W

COMMITTEE TYPE (choose one):

■ Candidate	Re-elect
Committee Name (required):	tote Regina Komero tol lapol
(first or last name & office)	$\int_{0}^{\infty} \Omega \cdot \Omega$
Candidate Information:	Candidate's Name (required):
	Candidate's mailing address (required):
	Candidate's email address (required): regin itay? Ke yahoo. Com
	Candidate's phone number (required): 520 - 343 - 4638
	Candidate's website (if any): Vote reginaromero, Com
	☐ County Office: ☐ District (if applicable):
	■City/Town Office: Mayor □District (if applicable):
	☐ School Board Office: ☐ District (if applicable): ☐
	□ Special District Board: □ □ District (if applicable):
	tht (year the election will take place) (required): 20 23
Party Affiliation: (required for partisan offices)	Democrat 🖸 Green 🗗 Libertarian 🚨 Republican 🗖 Other:
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☐ Political Action Comm	
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
	Sponsor's name or nickname (required):  Sponsor's mailing address (required):
	Sponsor's mailing address (required):
	Sponsor's phone number (if any):
	Sponsor's website (if any):
Special Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable)	☐ Standing Committee (must also complete separate standing committee registration)
( applicable)	
( spp.iossbio)	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
☐ Political Party	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
☐ Political Party  Committee Name (required):	☐ 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)	☐ 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)
El Political Party  Committee Name (required): (must include party affiliation)	☐ 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)
☐ Political Party  Committee Name (required): (must include party affiliation)	☐ 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)





COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:		Po Box 26237 Tuson, AC \$572
	Contact Information:	Committee's mailing address (required): 1510 N. MolCah Ct.
		Committee's email address (required):  Committee's phone number (if any):
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required):
		Chairperson's physical address (required): 1023 N 15+ Ave Tucson AZ85719
		Chairperson's mailing address (if different): NA
		Chairperson's email address (required): karinuhlid eyahoo.com
		Chairperson's phone number (required): (520) 240-7418
		Chairperson's employer (required): AZ Lomplete Health
		Chairperson's occupation (required): Administrator/Director, Health Services
	Treasurer's Information:	Treasurer's name (required): And MARRUFO
		Treasurer's physical address (required): 5217 5 BloomField R
		Treasurer's mailing address (if different):
=		Treasurer's email address (required):
		Treasurer's phone number (required): (S26) 243-9484
		Treasurer's employer (required): Bk RANIA Sycs, LLC
		Treasurer's occupation (required):
	Bank or Financial Institution:	Bank name (required): Vantage West
	(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 chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as more committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Se campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws (§§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purpose address(es) provided herein.	y official candidate ecretary of State's codified at A.R.S.
Chairperson's signature: Kain Uli Date: 1/16/23	
Treasurer's signature:	
Candidate's signature (if applicable):	
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