

- Initial Application  
 Amended Application

Date: 1/20/23



City of Tucson  
**COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

23-344-CT

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): LA LANE FOR TUCSON CITY COUNCIL  
 (first or last name & office)

Candidate Information: Candidate's Name (required): LANE SANTA CRUZ

Candidate's mailing address (required): 55 N. MELWOOD AVE, TUCSON, AZ 85745

Candidate's email address (required): LANE

Candidate's phone number (required): 520-440-6950

Candidate's website (if any): \_\_\_\_\_

Office Sought (choose one):  Mayor  Council Member, Ward 1

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

Party Affiliation:  Democrat  Libertarian  Republican  Other: \_\_\_\_\_  
 (required)

Political Action Committee (PAC)

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

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 registration)  
 (if applicable)

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222080  
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 [Handwritten initials]

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 Amended Application  
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**City of Tucson**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
23-344-CT

**COMMITTEE INFORMATION:**

*Contact Information:* Committee's mailing address (required): PO BOX 2775B, TUCSON, AZ 85726  
 Committee's email address (required): LALANE.FORTTUCSON@GMAIL.COM  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): LALANEFORTTUCSON.COM

*Chairperson's Information:* Chairperson's name (required): Betty Villegas, CO-CHAIR  
 Chairperson's physical address (required): 5349 S. Gila Ave, 85746  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): bjvillegas@yahoo.com  
 Chairperson's phone number (required): (520) 850-5779  
 Chairperson's employer (required): South Tucson Housing Authority  
 Chairperson's occupation (required): Housing Director

*Treasurer's Information:* Treasurer's name (required): \_\_\_\_\_  
 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): \_\_\_\_\_  
 Treasurer's occupation (required): \_\_\_\_\_

*Bank or Financial Institution:* Bank name (required): \_\_\_\_\_  
 (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: Betty Villegas Date: 1-18-23

Treasurer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's signature (if applicable): Mrs R. Santos Date: 1-20-23