	Initial Application
A	Amended Application



## **City of Tucson COMMITTEE STATEMENT OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

☑ Candidate				
Committee Name (required): first or last name & office)	: Vote Regina Komero			
Candidate Information:	Candidate's Name (required): Regina Romero			
	Candidate's mailing address (required): PO Box 2665, Tucson	0 AZ	8570Z	
	Candidate's email address (required): Tucson Romero @ gw			
	Candidate's phone number (required): 520 - 343 - 4038	(01)	<u> </u>	
	Candidate's website (if any): w.ww. Vote Regina Romer		000	
Office Sought (choose one):				
	-			
Election Cycle for Office Sou	ght (year the election will take place) (required): 2019			
Party Affiliation:	Mathematical Democrat    □ Libertarian    □ Republican    □ Other:			
(required)				
□ Political Action Comr	nittee (PAC)		41	
			0	
(if sponsored, must include sponsor's name)		and the		
Political Eurotion (antional):	Contributions Condidate Polated Independent Expenditures			
Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures		N	
soloci any mai appry)	Trecail Experiations		Ų	
Sponsorship Information:	Sponsor's name or nickname (required):	194	- N	
(if applicable)	Sponsor's mailing address (required):		63	
	Sponsor's email address (required):		0	
	Sponsor's phone number (if any):			
	Sponsor's website (if any):			
Special Status must be filed	d with Secretary of State	IIC Partner	shin orllni	
(if applicable)	☐ Standing Committee (must also complete separate star		1.5	
	☐ Mega PAC (must provide proof of Mega PAC status to filing officer)	(amended ap	plications or	
<u> </u>			<u></u>	
☐ 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. § 16-80	02 or § 16-804	4)	
	☐ Legislative District Party (must include proof of organization pursuant to A.F	R.S. § 16-823	)	
	☐ City or Town Party (must include proof of qualification pursuant to A.R.S. §	16-802 or § 1	6-804)	
Special Status must be file (if applicable)	d with Secretary of State  ☐ Standing Committee (must also complete registration)	separate star	nding commi	
V. T. I.	- <del>- 3</del>			

D Little Accellention	
☐ Initial Application	
Amended Application	
Jacks	
Date: 1/25/19	



# City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

19-293-05

### COMMITTEE INFORMATION:

	Committee's mailing address (required):
	Committee's email address (required):
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Committee's website (if any):  Chairperson's name (required):
	Chairperson's physical address (required): 1419 Miller 85748
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required): 520 - 465 - 1083
	Chairperson's employer (required): Crest Insurance Croan
	Chairperson's occupation (required):
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):
I declare under penalty of p chairperson or treasurer of th committee and authorize it to campaign finance and report §§ 16-901 to 16-938; and (5)	erjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.
I declare under penalty of p chairperson or treasurer of th committee and authorize it to campaign finance and report §§ 16-901 to 16-938; and (5) address(es) provided herein.	erjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve a e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State ing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.
chairperson or treasurer of the committee and authorize it to campaign finance and report	erjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ring guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email





# City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

19-293-CT

### COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): PO BOX 2665, Tucson, AZ 85702
Comac memacem	Committee's email address (required): Nate @ vote regina romeso.com
	Committee's phone number (if any): 520 · 444 · 3007
	Committee's website (if any): www. Vote Regina Romero. com
Chairperson's Information:	Chairperson's name (required): Carolyn Campbell
onampercent e information.	Chairperson's physical address (required): 1216 N. 31d Ave Turson, 85705
	Chairperson's mailing address (if different):
	Chairperson's email address (required): <u>Carolyn Campbell 999 @ qmail.com</u>
	Chairperson's phone number (required): 520 - 629 · 0525
	Chairperson's employer (required): Coalition for Sonoran Desert Protection
	Chairperson's occupation (required): Environmentalist
Treasurer's Information:	Treasurer's name (required): Shasta mamanus
Treadurer & Innormation.	Treasurer's physical address (required): 4442 E. Pima St. Tucson, 85712
	Treasurer's mailing address (if different): 1061 N. Swan Rd. Ste 116, Tucson 857
	Treasurer's email address (required): Shasto-M @ SIMGING COM
	Treasurer's phone number (required): 520 · 822 · 7343
	Treasurer's employer (required): Strategic Issues Management Group
	Treasurer's occupation (required): Consultant
Bank or Financial Institution:	Bank name (required): Hational Bank of Arizona
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):
DECLARATION AND SIGNAT	URES:
chairperson or treasurer of the committee and authorize it to campaign finance and report	perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as the committee named herein, if applicable; (2) designate the above-named committee as my official candidate of receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email
Chairperson's signature:	Date:
Treasurer's signature:	Laste McMany Date: 1/24/2019
Candidate's signature (if appl	
	1/1/hv. 1/