☐ Initial Application
■ Amended Application

Date: 12/15/2020



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

17-265-CT

CITY OF TUCSON RECEIVED 21 JAN -7 AM 11:00 OFFICE OF THE

Condida:	OFFICE C	
☐ Candidate	CITY CI	
Committee Name (required): first or last name & office)	LENGED DESCRIPTION OF THE PROPERTY OF THE PROP	
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):	
	54 (22 25 1); (4.1.); (5.1.); (6.2.); (7. 1.) Propagatory (2.1.); (6.1.); (7. 1.); (7. 1.); (7. 1.);	
Office Sought (choose one):	□ Mayor □ Council Member, Ward	
Election Cycle for Office Soug	ght (year the election will take place) (required):	
Party Affiliation: (required)	□ Democrat □ Libertarian □ Republican □ Other:	
	attentially & total	
	2 - Color for the color of the	
☐ Political Action Comm	nittee (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	
	_ result Experiences	
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	
if applicable)	with Secretary of State 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)	
■ Political Party		
Committee Name (required): must include party affiliation)	Pima County Libertarian Party	
lurisdiction:	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. § 16-804)	
	☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)	
Special Status must be filed	System Avegate W. So. He is p. 2 St. Nati.	
(if applicable)	I with Secretary of State Standing Committee (must also complete separate standing committee registration)	

☐ Initial Application ☐ Amended Application

Date: 12/15/2020



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only) 17-265-CT

COMMITTEE INFORMATION:

	Committee's mailing address (required): PO Box 11, Tucson, AZ 85702
	Committee's email address (required): pclp_chair@pimalp.org
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): Ida Drucilla Heaton
	Chairperson's physical address (required): 3874 N Calle Entrada, Tucson, A
	Chairperson's mailing address (if different): 80 me as a bove
	Chairperson's email address (required): idadrucillaheatonayahoo.com
	Chairperson's phone number (required): (520) 971-2333
	Chairperson's employer (required): Housewife
	Chairperson's occupation (required): Housewife
Treasurer's Information:	Treasurer's name (required): 560th 510mart
	Treasurer's physical address (required): 8401 E Apponatt-2 St Tuesa 33
	Treasurer's mailing address (if different):
	Treasurer's email address (required): 5actemaptaneL, aom
	Treasurer's phone number (required): 526-909-0144
	Treasurer's employer (required): Len tral Vision Zua
	Treasurer's occupation (required):
Bank or Financial Institution:	
Bank or Financial Institution: do not list acct numbers)	Bank name (required):
	Bank name (required):
do not list acct numbers) CLARATION AND SIGNATE declare under penalty of penalty of the committee and authorize it to the campaign finance and reportions.	Bank name (required):
declare under penalty of penalty endergree and authorize it to tampaign finance and reporting 16-901 to 16-938; and (5) address(es) provided herein.	Bank name (required):
do not list acct numbers) CLARATION AND SIGNATE declare under penalty of penalty of the chairperson or treasurer of the committee and authorize it to campaign finance and reporting 16-901 to 16-938; and (5) address(es) provided herein.	Bank name (required): Additional bank name (if applicable): Additional bank name (if applicable): URES: Berjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as a 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. agree to accept all notifications and legal service of process for campaign finance purposes via the email