



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

21-324-CT

CITY OF TUCSON RECEIVED 21 FEB -22 AM 10:30 OFFICE OF THE CITY CLERK

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C.CIMMIII		TPEIC	noose	one

Candidate			CITY CI
Committee Name (required):	Lucy A City Council		
(first or last name & office)		Lucy LiDeebe	
Candidate Information:	Candidate's Name (required):		
	Candidate's mailing address (required):		
	Candidate's email address (required):		
	Candidate's phone number (required): (520) 668-6919		
	Candidate's website (if any):		
Office Sought (choose one):	Mayor Council Member, Ward 3	<u>-</u>	
Election Cycle for Office Soug	ht (year the election will take place) (required):	2021	
Party Affiliation: (required)	Democrat Libertarian Republicar	n Other: Independent	
Political Action Comm	nitt ee (PAC)		
Committee Name (required): (if sponsored, must include	nittee (PAC)		
Committee Name (required): (if sponsored, must include sponsor's name)			
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional):	Contributions		
<i>Committee Name</i> (required): (if sponsored, must include sponsor's name) <i>Political Function</i> (optional): (select any that apply)	Contributions	dependent Expenditures II Expenditures	
Committee Name (required): (if sponsored, must include	Contributions Candidate-Related Inc Ballot Measure Expenditures Reca Sponsor's name or nickname (required): Sponsor's mailing address (required):	dependent Expenditures II Expenditures	
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Political Party			
Committee Name (required): (must include party affiliation)			
Jurisdiction:	State Party (must include p	roof 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 (m	ust include proof of organization pursuant to A.R.S. § 16-823)	
	City or Town Party (must in	clude proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)	
Special Status must be filed (if applicable)	d with Secretary of State	Standing Committee (must also complete separate standing committee registration)	



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COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):	lug daituggungil@gmail.com
	Committee's email address (required):	
	Committee's phone number (if any):	
	Committee's website (if any):	
Chairperson's Information:	Chairperson's name (required):	Ari Slater
	Chairperson's physical address (required): _	116 E. 2nd St. Tucson, 85705
	Chairperson's mailing address (if different): _	
	Chairperson's email address (required):	arijslater@gmail.com
	Chairperson's phone number (required):	(480) 695-0064
	Chairperson's employer (required):	Lowish Endoration of Southern A/
	Chairperson's occupation (required):	Office Assistant
Treasurer's Information:	Treasurer's name (required):	
rreasurers information.	Treasurer's physical address (required):	239 N. Silverbell Rd, Tucson 85745
	Treasurer's mailing address (if different):	
	Treasurer's email address (required):	amberccla@gmail.com
	Treasurer's phone number (required):	
	Treasurer's employer (required):	
	Treasurer's occupation (required):	
Pank or Financial Institution	Bank name (required):	
(do not list acct numbers)	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:

Chairpe