■ Initial Application Amended Application



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

21-324-CT

**CITY OF TUCSON RECEIVED** 21 MAR -15 AM 4:00 **OFFICE OF THE** 

COMMITTEE TYPE (choose one): CITY CLERK ☐ Candidate Lucy 4 City Council Committee Name (required): (first or last name & office) Candidate's Name (required): Lucy Li Bosha

Candidate's mailing address (required): 890 E. Horsetail Ln Tucson Candidate Information: Candidate's email address (required): Candidate's phone number (required): 520668 6919 Lucy 4 City Council. com Candidate's website (if any): \_\_ Council Member, Ward 3 Election Cycle for Office Sought (year the election will take place) (required): Dother: Independent ■ Democrat Party Affiliation: □ Libertarian ☐ Republican (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): \_\_\_\_ Sponsor's mailing address (required): (if applicable) Sponsor's email address (required): Sponsor's phone number (if any): \_\_\_\_ Sponsor's website (if any): \_ ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Special Status must be filed with Secretary of State (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:		of of qualification pursuant to A.R.S. § 16-801 or § 16-804)
	☐ County Party (must include p	roof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
	☐ Legislative District Party (mus	st include proof of organization pursuant to A.R.S. § 16-823)
	☐ City or Town Party (must incl	ude 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)

Initial Application
Amended Application

Date: 3 15 2021



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

## **COMMITTEE INFORMATION:**

Contact Information:		, -	
Contact information.	Committee's mailing address (required): 890 E. Horsetail Ln TucsonAZ 8	<u>55719</u>	
	Committee's email address (required): 890 E. Horseta, Vn Tucson 4785		
	Committee's phone number (if any): 520 668 6919		
	Committee's website (if any): LUCY 4 City Council COM		
Chairperson's Information:	Chairperson's name (required):		
	Chairperson's physical address (required): 2627 E 23rd St Tocson.	AZ 85713	
	Chairperson's mailing address (if different):		
	Chairperson's email address (required): Shaw 4 to sd @ g mail. com		
	Chairperson's phone number (required): 520 - 448-8665		
	Chairperson's employer (required):Self - enployed		
	Chairperson's occupation (required):		
Treasurer's Information:	Treasurer's name (required):Amber Clark		
	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): Vantage West		
(do not list acct numbers)	Additional bank name (if applicable):		
	Additional bank name (if applicable):		
chairperson or treasurer of the committee and authorize it to campaign finance and reporting	Additional bank name (if applicable):	at to serve as cial candidate tary of State's ified at A.R.S.	
I declare under penalty of post- chairperson or treasurer of the committee and authorize it to campaign finance and reporting \$\frac{8}{3}\$ 16-901 to 16-938; and (5) address(es) provided herein.	Additional bank name (if applicable):	at to serve as cial candidate tary of State's ified at A.R.S.	
I declare under penalty of post- chairperson or treasurer of the committee and authorize it to campaign finance and reporting \$\frac{1}{2}\$ 16-901 to 16-938; and (5) address(es) provided herein.	Additional bank name (if applicable):	at to serve as cial candidate tary of State's ified at A.R.S.	