П	Initial Application
	Amended Application

Date: 9/17/19

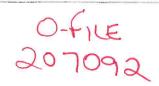


## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

19-307-CT

Committee Name (required): (first or last name & office) Candidate Information;	Candidate's Name (required): Sam Nagy  Candidate's mailing address (required): PO Box 13656, TutSon, A2 B,  Candidate's email address (required): nagy 4 council 1 a gmail com  Candidate's phone number (required): 520-305-8525	S13
Office Sought (choose one):	2014	
Election Cycle for Office Sou Party Affiliation: (required)	ght (year the election will take place) (required): 2019	
☐ Political Action Committee Name (required): If sponsored, must include	NA	19 SEF
sponsor's name)  Political Function (optional): [select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures	17 PM
Sponsorship Information: if applicable)	Sponsor's name or nickname (required):  Sponsor's mailing address (required):	₹ ?: 5
Special Status must be filed if applicable)	d 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	n)
☐ Political Party	NA	
Committee Name (required): must include party affiliation)		



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Amended Application



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

19-307-CT

## COMMITTEE INFORMATION:

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Contact 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:	Chairperson's name (required): Joe Osborne (Donald Joe Osborne
endered in the second s	Chairperson's physical address (required): 2141 N . Colter Drive, Tucson, A
	SG to 0
	Chairperson's email address (required): Votesmort az 2020 @ yahov. Com
	Chairperson's phone number (required): 5-20 - 269 - 9937
	Chairperson's employer (required): Retired
	Chairperson's occupation (required): Retired
reasurer's Information:	Treasurer's name (required):
reasurer's information.	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: do not list acct numbers)	Bank name (required):  Additional bank name (if applicable):
do not list acct numbers)	Additional bank name (if applicable):
and the second s	
CLARATION AND SIGNAT	URES:
chairperson or treasurer of the committee and authorize it to	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 candidates 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 emain
Chairperson's signature:	Date: 9/17/19
Freasurer's signature:	V/A Date:
Candidate's signature (if app	licable):