

- Initial Application
- Amended Application

Date: \_\_\_\_\_



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

19-299-CT

**COMMITTEE TYPE** (choose one):

**Candidate**

**Committee Name** (required): \_\_\_\_\_ **Santa Cruz for Tucson** \_\_\_\_\_  
(first or last name & office)

**Candidate Information:** Candidate's Name (required): \_\_\_\_\_ **Lane Santa Cruz** \_\_\_\_\_  
Candidate's mailing address (required): \_\_\_\_\_ **868 W Calle Carasol Tucson, AZ 85713** \_\_\_\_\_  
Candidate's email address (required): \_\_\_\_\_ **info@santacruzfortucson.com** \_\_\_\_\_  
Candidate's phone number (required): \_\_\_\_\_ **(520) 440-6950** \_\_\_\_\_  
Candidate's website (if any): \_\_\_\_\_ **www.santacruzfortucson.com** \_\_\_\_\_

**Office Sought** (choose one):  Mayor  Council Member, Ward 2

**Election Cycle for Office Sought** (year the election will take place) (required): \_\_\_\_\_ **2019** \_\_\_\_\_

**Party Affiliation:** (required)  Democrat  Libertarian  Republican  Other: \_\_\_\_\_

19 FEB 15 AM 11:56  
OFFICE OF THE CITY CLERK  
CITY OF TUCSON RECEIVED

**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:** (if applicable) Sponsor's name or nickname (required): \_\_\_\_\_  
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)  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)

**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. § 16-802 or § 16-804)  
 Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)  
 City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

**Special Status must be filed with Secretary of State** (if applicable)  Standing Committee (must also complete separate standing committee registration)

Initial Application  
 Amended Application

Date: \_\_\_\_\_



# City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

19-299-C

### COMMITTEE INFORMATION:

**Contact Information:**  
Committee's mailing address (required): PO Box 745 Tucson, AZ 85702  
Committee's email address (required): info@santacruzfortucson.com  
Committee's phone number (if any): (520) 329-3605  
Committee's website (if any): www.santacruzfortucson.com

**Chairperson's Information:**  
Chairperson's name (required): \_\_\_\_\_  
Chairperson's physical address (required): \_\_\_\_\_  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): \_\_\_\_\_  
Chairperson's phone number (required): \_\_\_\_\_  
Chairperson's employer (required): \_\_\_\_\_  
Chairperson's occupation (required): \_\_\_\_\_

**Treasurer's Information:**  
Treasurer's name (required): Shasta McManus  
Treasurer's physical address (required): 4442 E Pima St. Tucson 85712  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): ShastaM@SIMGInc.com  
Treasurer's phone number (required): 520-822-7343  
Treasurer's employer (required): Strategic Issues Management Group Inc.  
Treasurer's occupation (required): Consultant

**Bank or Financial Institution:**  
(do not list acct numbers)  
Bank name (required): National Bank of Arizona  
Additional bank name (if applicable): \_\_\_\_\_  
Additional bank name (if applicable): \_\_\_\_\_

CITY OF TUCSON  
RECEIVED  
19 FEB 15 AM 1:56  
OFFICE OF THE  
CITY CLERK

### 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: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer's signature: Shasta McManus Date: 2/15/19

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_