	Initial Application
B	Amended Application

Date: 3/7/2/



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

21-330-CT

CITY OF TUCSON RECEIVED 21 MAR -8 AM 8:00 OFFICE OF THE

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Candidate	1/1/2 - 0 1 1	CITY CLE
Committee Name (required): (first or last name & office)	"Aloha lucson" Val Komero for City Co	macil
	1/2/2	
	Candidate's Name (required): // // Kamero	
	Candidate's mailing address (required): 1045 N. Jerrie Hue, 1400.	
	Candidate's email address (required): Vote Q Val 18 Mer D For Talist.	nicom
	Candidate's phone number (required): (526) 235-4537	
	Candidate's website (if any): \[\frac{19 - 120mesco}{20}	
Office Sought (choose one):	□ Mayor	feet.
Election Cycle for Office Sougi	ht (year the election will take place) (required):	
Party Affiliation: (required)	□ Democrat □ Libertarian □ Republican ☒ Other: ☐ ☐	୍ଦ୍ର ପ୍ରମୁକ୍ତ
	the Annual Control of the State	
3		
☐ Political Action Comm	ittee (PAC)	
Committee Name (required): (if sponsored, must include sponsor's name)		
	Contributions	
	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures	
Sponsorship Information:	Sponsor's name or nickname (required):	
(if applicable)	Sponsor's mailing address (required):	
	Sponsor's email address (required):	1 1 1 1 1
	Sponsor's phone number (if any):Sponsor's website (if any):	
Special Status must be filed	0 0	* 88
(if applicable)	☐ Standing Committee (must also complete separate standing committee) ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended ap	
☐ Political Party		- 4,5,711 - 2,7
Committee Name (required): (must include party affiliation)		
	☐ 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	*
	\square Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823) \square City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 1	
Special Status must be filed	with Secretary of State ☐ Standing Committee (must also complete separate star	

	Initial Application
	Amended Application
Da	te:



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 1045 N. Jessie Ave	
Contact mormation.	Committee's email address (required): 97971/17 hearth @ Vahoo, com	
	Committee's phone number (if any):	
Chairperson's Information:	Chairperson's name (required):	
Champerson's information.	and the state of t	
	16 11	
	Chairperson's mailing address (if different):	
	Chairperson's phone number (required): (520) 255 - 9557, Chairperson's employer (required): Ar. 2319 (711) 3 Hearth	lya.
s *		
T	Chairperson's occupation (required):	
Treasurer's Information:	Treasurer's name (required): (2) (Comerc)	
	Treasurer's physical address (required): 1045 N Jerrie Aue	
	Treasurer's mailing address (if different):	
	Treasurer's email address (required): AZATILIA hearth @ /qhoo. 100	
	Treasurer's phone number (required): (5 20) 237 - 435	
	Treasurer's employer (required): Horzona (201) Charth	
	Treasurer's occupation (required): Kelcil + Construction	
Bank or Financial Institution:		
(do not list acct numbers)	Additional bank name (if applicable):	/
	Additional bank name (if applicable):	
DECLARATION AND SIGNAT	URES:	
chairperson or treasurer of the committee and authorize it to campaign finance and report	perjury that the foregoing information is true and correct. I further declare that I: (1) consent to ser the committee named herein, if applicable; (2) designate the above-named committee as my official cando receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of Sing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A gree to accept all notifications and legal service of process for campaign finance purposes via the	didate tate's A.R.S.
Chairperson's signature:	Jal /loc Date: 3/7/2/	
Treasurer's signature:	Jal 12 Date: 3/7/2/	
Candidate's signature (if app	Date: 3/7/2/	