

Initial Application
 Amended Application

Date: _____



**City of Tucson
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
 19-310-CT

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): _____
 (first or last name & office)

Candidate Information: Candidate's Name (required): _____
 Candidate's mailing address (required): _____
 Candidate's email address (required): _____
 Candidate's phone number (required): _____
 Candidate's website (if any): _____

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

Election Cycle for Office Sought (year the election will take place) (required): _____

Party Affiliation: (required) Democrat Libertarian Republican Other: _____

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 CITY CLERK
 CITY OF TUCSON
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Political Action Committee (PAC)

Committee Name (required): _____ Chispa AZ PAC
 (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): _____ Chispa AZ
 Sponsor's mailing address (required): _____ 1943 W. Adams St., Phoenix, AZ 85009
 Sponsor's email address (required): _____ jim@thetorresfirm.com
 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)

O-FILE
 206116

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**City of Tucson
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 1943 W. Adams St., Phoenix, AZ 85009
 Committee's email address (required): jim@thetorresfirm.com
 Committee's phone number (if any): (602) 435-3949
 Committee's website (if any): _____

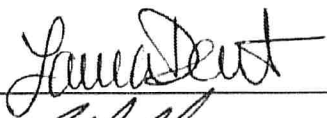
Chairperson's Information: Chairperson's name (required): Laura Dent
 Chairperson's physical address (required): 1943 W. Adams St., Phoenix, AZ 85009
 Chairperson's mailing address (if different): same as above
 Chairperson's email address (required): LDent@lcv.org
 Chairperson's phone number (required): (480) 588-6120
 Chairperson's employer (required): League of Conservation Voters
 Chairperson's occupation (required): Executive Director, Chispa Arizona, LCV

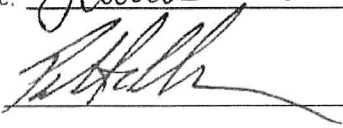
Treasurer's Information: Treasurer's name (required): Patrick Collins
 Treasurer's physical address (required): 740 15th St. NW, Washington, DC 20005
 Treasurer's mailing address (if different): same as above
 Treasurer's email address (required): jim@thetorresfirm.com
 Treasurer's phone number (required): (480) 588-6120
 Treasurer's employer (required): League of Conservation Voters
 Treasurer's occupation (required): SVP of Finance & Administration

Bank or Financial Institution: Bank name (required): Amalgamated Bank
 (do not list acct numbers) Additional bank name (if applicable): _____
 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:  Date: 7/18/19

Treasurer's signature:  Date: 7/18/19

Candidate's signature (if applicable): _____ Date: _____