Initial Application Amended Application	
	Amended Application

Date: 7 17 17



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

17-281-CT

☐ Candidate		
ommittee Name (required): rst or last name & office)		
andidate 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):	
ffice Sought (choose one):	☐ Mayor ☐ Council Member, Ward	
lection Cycle for Office Soug	ght (year the election will take place) (required):	
arty Affiliation: equired)	□ Democrat □ Libertarian □ Republican □ Other: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	77
☐ Political Action Com	mittee (PAC)	
	P3:26	t
colitical Function (optional): select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures	
ponsorship Information:	Sponsor's name or nickname (required):	
f applicable)	Sponsor's mailing address (required):	
	Sponsor's email address (required):	
	Sponsor's phone number (if any):	
pecial Status must be file f applicable)	Sponsor's website (if any):	tion)
☐ Political Party Committee Name (required)		
	,	
must include party affiliation	State Party (must include proof of qualification pursuant to A.R.S. & 16-801 or & 16-804)	
	☐ 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)	
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) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	





City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

17-281-CT

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): PO Box 40211, Tuc Son, AZ 857
	Committee's email address (required): in fo Qrima dems. org
	Committee's phone number (if any): 520-326-3716
	Committee's website (if any): pima dem o. org
Chairperson's Information:	Chairperson's name (required): Jc M , Ho H
	Chairperson's physical address (required): 13436 N. Atalaya Will
	Chairperson's mailing address (if different): Oro Valley AZ 5755
	Chairperson's email address (required): jo@pincidems.org
	Chairperson's phone number (required): 520 873 78 39
	Chairperson's employer (required):
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required): Agren Rettenstein
	Treasurer's physical address (required): 5831 N. Camino De La Sambra
	Treasurer's mailing address (if different):
	Treasurer's email address (required): a aron a ping de uns. ora
	Treasurer's phone number (required): 520-440-6649
	Treasurer's employer (required): UBS
	Treasurer's occupation (required): Finan Gial Advisor
Bank or Financial Institution:	Bank name (required): Great Western Bank
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):
chairperson or treasurer of th committee and authorize it to campaign finance and reporti	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 candidate to 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 email
Chairperson's signature:	Date: 7/15/2017 Date: 7/15/17
Candidate's signature (if appl	Date: