



**CITY OF TUCSON
OFFICE OF THE CITY CLERK
CAMPAIGN FINANCE ADMINISTRATION REPORT
RECEIPT**



Primary Election – August 25, 2015
General Election – November 3, 2015

NAME OF COMMITTEE FILING REPORT

For Pima County Democratic Party
(Name of Political Committee)
for _____ who is a candidate for the office
(Name of Candidate, when applicable)
of _____ Political Party _____ ID # 85-030-CT

OR

CANDIDATE \$500 THRESHOLD EXEMPTION STATEMENT

for _____
(Name of Candidate)
who is a Candidate for the Office of _____
Political Party _____ ID# _____

- Political Committee Statement of Organization # 85-030-CT Original or
 Request for Public Matching Funds Contract# _____ Amended
(PMF Candidates Only)

CAMPAIGN FINANCE REPORT:

- a. Statement Establishing Eligibility – **PMF Candidates Only**
- b. Consolidated City/State Campaign Finance Report (Filed on or before February 2, 2015)
- c. Consolidated City/State Campaign Finance Report (Filed on or before June 30, 2015)
- d. Consolidated City/State Pre – Primary Report (Filed on or before August 21, 2015)
- e. City Post – Primary Report (Filed on or before September 4, 2015) – **PMF Candidates Only**
- f. State Post – Primary Election Report (Filed on or before September 24, 2015)
- g. Consolidated City/State Pre – General Election Report (Filed on or before October 30, 2015)
- h. City Post – General Election Report (Filed on or before November 13, 2015) – **PMF Candidates Only**
- i. State Post – General Election Report (Filed on or before December 3, 2015)
- j. Termination Statement (Filed on or before March 2, 2016) – **PMF Candidates Only**
must include Final report if not previously filed
- Political Committee No Activity Statement (Report date of: _____)
- Other _____

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16 JAN -6 AM 1:09
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[Signature]
Signature Deputy City Clerk
Date: 1/6/15



0000348747



STATE OF ARIZONA POLITICAL COMMITTEE STATEMENT OF ORGANIZATION

- Initial Registration
- Amended Statement
- Out of State Committee
- Standing Political Committee

85-030-CT 87

Titles 16 & 19, Arizona Revised Statutes
Definitions, statutory references and important information on page 2.

COMMITTEE ID NUMBER
1045

NAME OF POLITICAL COMMITTEE (For ballot measure committee, name shall include official petition serial number) PIMA COUNTY DEMOCRATIC PARTY COMMITTEE		DATE 01/05/2016	
TYPE OF COMMITTEE POLITICAL PARTY		BALLOT MEASURE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
COMMITTEE ADDRESS 4639 E FIRST STREET		CITY TUCSON	STATE ZIP AZ 85711
COMMITTEE MAILING ADDRESS (if different from above) PO BOX 40211		CITY TUCSON	STATE ZIP AZ 85717
COMMITTEE TELEPHONE # (520) 326-3716	COMMITTEE FAX # (520) 322-5461	COMMITTEE EMAIL ADDRESS PIMADEM@PIMADEM.S.ORG	
NAME OF SPONSORING ORGANIZATION (if applicable) ARIZONA DEMOCRATIC COMMITTEE		TYPE OF ORGANIZATION POLITICAL PARTY	
ADDRESS OF SPONSORING ORGANIZATION 2910 N CENTRAL AVE PHOENIX AZ 85012		RELATIONSHIP TO POLITICAL COMMITTEE STATE PARTY	
EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. § 16-902(A).			
NAME OF COMMITTEE CHAIRMAN JO HOLT		CHAIRMAN'S TELEPHONE # (520) 873-7899	CHAIRMAN'S FAX #
CHAIRMAN'S ADDRESS 13436 N ATALAYA WAY		CITY ORO VALLEY	STATE ZIP AZ 85755
CHAIRMAN'S OCCUPATION RETIRED	CHAIRMAN'S EMPLOYER RETIRED	CHAIRMAN'S EMAIL ADDRESS JOMHOLTAZ@GMAIL.COM	
NAME OF COMMITTEE TREASURER MATTHEW ADAM KOPEC		TREASURER'S TELEPHONE # (520) 400-3020	TREASURER'S FAX #
TREASURER'S ADDRESS 1810 E BLACKLIDGE DR APT 115		CITY TUCSON	STATE ZIP AZ 85719
TREASURER'S OCCUPATION COUNCIL AIDE	TREASURER'S EMPLOYER CITY OF TUCSON	TREASURER'S EMAIL ADDRESS MATTKOP01@GMAIL.COM	
LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)			
1. GREAT WESTERN BANK	2.	3.	
FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION: (For Exploratory Committees party affiliation and office sought are optional.)			
NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("D")			ELECTION CYCLE
CANDIDATE OR D/I'S TELEPHONE #	CANDIDATE OR D/I'S FAX #	COUNTY OF RESIDENCE	
CANDIDATE OR D/I'S ADDRESS	CITY	STATE	ZIP
CANDIDATE OR D/I'S EMAIL ADDRESS	PARTY AFFILIATION		OFFICE SOUGHT

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Committee ID: 1045
 Date: 01/05/2016
 Form ID: 0000348747



**STATE OF ARIZONA
 POLITICAL COMMITTEE
 STATEMENT OF ORGANIZATION**

YOUR APPLICATION IS NOT COMPLETE WITHOUT THE REQUIRED SIGNATURES BELOW:

BOX 1 All committees require the signature of both the chairman and treasurer. Standing Committees, see BOX 3 below.

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned chairman and treasurer, have read all of the applicable laws relating to campaign finance and reporting and have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 1/5/15 Chairman's signature: [Signature]
 Date: 1/5/15 Treasurer's signature: [Signature]

BOX 2 Complete and sign this additional box only if the committee is a candidate's campaign committee or exploratory committee.

DESIGNATING INDIVIDUAL OR CANDIDATE'S STATEMENT: I authorize the above -named political committee as my political committee to receive contributions and make expenditures on my behalf.

Date: _____ D/I's or Candidate's signature: _____

BOX 3 Complete and notarize this box only if the committee has been in existence for more than one year and is filing for Standing Committee status.

STANDING POLITICAL COMMITTEE'S STATEMENT (if applicable) (A.R.S. §16 -902.01): I/we hereby declare the status of this political committee as a standing political committee.

Date: _____ Chairman's signature: _____
 Date: _____ Treasurer's signature: _____

State of Arizona) State of Arizona)
) ss.)
 County of _____) County of _____)

SUBSCRIBED AND SWORN TO before me this _____ SUBSCRIBED AND SWORN TO before me this _____
 _____ My Commission Expires: _____ _____ My Commission Expires: _____
 Notary Public Notary Public

OFFICE OF THE CITY CLERK
 16 JAN -6 AM 11:30
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