

- Initial Application
- Amended Application

Date: 1/28/19



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

19-299-CT gm

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): 808 W. CALLE CARASOL

Candidate's email address (required): INFO@SANTACRUZfortucson.com

Candidate's phone number (required): (520) 440-6950

Candidate's website (if any): SANTACRUZfortucson.com

Office Sought (choose one): Mayor Council Member, Ward 1

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

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

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CITY CLERK

Political Action Committee (PAC)

Committee Name (required): _____
(if sponsored, must include sponsor's name)

Political Function (optional): (select any that apply)

Contributions Candidate-Related Independent Expenditures

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)

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**City of Tucson
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

19-299-CT

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 166 W. CALLE CAPASOL 85713
 Committee's email address (required): INFO@SANTACRUZFORTUCSON.COM
 Committee's phone number (if any): 520-321-3605
 Committee's website (if any): SANTACRUZFORTUCSON.COM

Chairperson's Information: Chairperson's name (required): CORRY POSTER
 Chairperson's physical address (required): 1334 E. 12TH STREET 85719
 Chairperson's mailing address (if different): CPoster@posterfrostmirto.com
 Chairperson's email address (required): CPoster@posterfrostmirto.com
 Chairperson's phone number (required): 520-861-6320
 Chairperson's employer (required): POSTER, FROST, MIRTO, INC.
 Chairperson's occupation (required): ARCHITECT

Treasurer's Information: Treasurer's name (required): LAVRA ENRIQUEZ
 Treasurer's physical address (required): 4550 N. FLOWINGWELLS #98 85705
 Treasurer's mailing address (if different): "
 Treasurer's email address (required): LAVRAINARIZONA@GMAIL.COM
 Treasurer's phone number (required): 520-358-3331
 Treasurer's employer (required): SELF
 Treasurer's occupation (required): CONSULTANT

Bank or Financial Institution: Bank name (required): NATIONAL BANK OF ARIZONA
 (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: 1/28/19

Treasurer's signature: Date: 1/28/19

Candidate's signature (if applicable): Date: 1/28/2019

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CITY OF TUCSON
REGISTRATION