

- Initial Application
- Amended Application

Date: 08/12/2019



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

19-312-09

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Cease for Mayor - Sanctuary City and the Real Green New Deal
(first or last name & office)

Candidate Information: Candidate's Name (required): Mike Cease
Candidate's mailing address (required): 2540 E. 8th St. Tucson, AZ 85716
Candidate's email address (required): mikecease@yahoo.com
Candidate's phone number (required): (520) 327-4705
Candidate's website (if any): https://www.facebook.com/cease4mayor/

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

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

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

Political Action Committee (PAC)

Committee Name (required): _____
(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: Sponsor's name or nickname (required): _____
(if applicable) 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 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable) Standing Committee (must also complete separate standing committee registration)
 Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

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 CITY OF TUCSON RECEIVED

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 Standing Committee (must also complete separate standing committee registration)
(if applicable)

O-FILE
206470

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COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 2540 E. 8th St. Tucson, AZ 85716
 Committee's email address (required): ceaseformayor@gmail.com
 Committee's phone number (if any): (520) 327-4705
 Committee's website (if any): https://www.facebook.com/cease4mayor/


Chairperson's Information: Chairperson's name (required): Edward Cott Tolentino
 Chairperson's physical address (required): 1001 W. St. Mary's Rd., #526 Tucson, AZ 85745
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): edwardcott@hotmail.com
 Chairperson's phone number (required): (520) 585-7605
 Chairperson's employer (required): The Florence Immigrant and Refugee Rights Project
 Chairperson's occupation (required): Legal Assistant

Treasurer's Information: Treasurer's name (required): Alice Ritter
 Treasurer's physical address (required): 2121 S. Timberline Ave.
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): cabissell@fastmail.fm
 Treasurer's phone number (required): (520) 298-7498
 Treasurer's employer (required): Retired USAF
 Treasurer's occupation (required): Retired

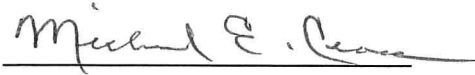
Bank or Financial Institution: Bank name (required): Vantage West Credit Union
 (do not list acct numbers) Additional bank name (if applicable): _____
 Additional bank name (if applicable): _____

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: 8/12/19

Treasurer's signature:  Date: _____

Candidate's signature (if applicable):  Date: 08/12/19