	Initial Application Amended Application
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## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

20-320-CT

CITY OF TUCSON RECEIVED 20 DEC -28 AM 8:30 OFFICE OF THE

OMMITTEE TYPE (choose or	ne):	OFFICE (
☐ Candidate		CITY C
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):	<u></u>
Office Sought (choose one):	☐ Mayor ☐ Council Member, Ward	
Election Cycle for Office Soug	ght (year the election will take place) (required):	
Party Affiliation: (required)	□ Democrat □ Libertarian □ Republican □ Other:	/
□ Political Action Comr	mittee (PAC)	
		_
Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ 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):	_
Special Status must be filed (if applicable)		tration)
□ 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. § 16-602 of § 16-604)	
	☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)	
Special Status must be file (if applicable)	ed with Secretary of State  Standing Committee (must also complete separate standing conregistration)	nmittee

☐ Initial Application☐ Amended Application
Date:



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## **COMMITTEE INFORMATION:**

Contact Information:	Committee's mailing address (required):
	Committee's email address (required):
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required):
	Chairperson's physical address (required):
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required):
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required):
	Treasurer's physical address (required):
	Treasurer's mailing address (if different):
	Treasurer's email address (required):
	Treasurer's phone number (required):
	Treasurer's employer (required):
	Treasurer's occupation (required):
Bank or Financial Institution:	Bank name (required):
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):
chairperson or treasurer of the committee and authorize it to campaign finance and report	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.
§§ 16-901 to 16-938; and (5 address(es) provided herein.	) agree to accept all notifications and legal service of process for campaign finance purposes via the email
address(es) provided herein.	
address(es) provided herein.	- $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$