

- Initial Application
- Amended Application

Date: 8/13/19



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

17-271-C

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): _____
(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): _____

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

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

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

OFFICE OF THE
CITY CLERK
19 AUG 14 AM 1:10
CITY OF TUCSON, ARIZONA

Political Action Committee (PAC)

Committee Name (required): Tucson Metro Chamber PAC
(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): Tucson Metropolitan Chamber of Commerce
 Sponsor's mailing address (required): PO Box 991, Tucson, AZ 85702
 Sponsor's email address (required): swilka@tucsonchamber.org
 Sponsor's phone number (if any): (520) 792-2250
 Sponsor's website (if any): www.tucsonchamber.org

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)

- Initial Application
- Amended Application

Date: _____



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 991, Tucson, AZ 85702
 Committee's email address (required): swilka@tucsonchamber.org
 Committee's phone number (if any): (520) 792-2250
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Larry Lucero
 Chairperson's physical address (required): 212 E. Broadway Blvd.
 Chairperson's mailing address (if different): PO Box 991, Tucson, AZ 85702
 Chairperson's email address (required): lucero@msn.com
 Chairperson's phone number (required): (520) 237-0815
 Chairperson's employer (required): Retired
 Chairperson's occupation (required): Retired

Treasurer's Information: Treasurer's name (required): Jill Malick
 Treasurer's physical address (required): 4788 E. Sunrise Drive
 Treasurer's mailing address (if different): PO Box 991, Tucson, Az 85702
 Treasurer's email address (required): jillmalick@gmail.com
 Treasurer's phone number (required): (520) 548-8686
 Treasurer's employer (required): WaFd Bank
 Treasurer's occupation (required): Banker

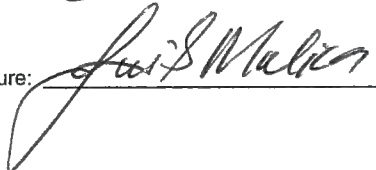
Bank or Financial Institution: Bank name (required): Pacific Premier Bank
 (do not list acct numbers) Additional bank name (if applicable): _____
 Additional bank name (if applicable): _____

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: 8/19/19

Candidate's signature (if applicable): _____

Date: _____