M	Initial Application Amended Application
	Amended Application

Date: 2/27/21



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

21-328-CT

CITY OF TUCSON RECEIVED 21 FEB 27 PM 3:00 OFFICE OF THE

MMITTEE TYPE (choose on	e): 21 FEB 27			
_/	OFFICE			
☐ Candidate	Kozachik fur word 6 CITYC			
Committee Name (required):	ROZACHIKTWWA 6			
first or last name & office)	02-22-11-22-15			
Candidate Information:	Candidate's Name (required): STEVE KOZRACILIK			
	Candidate's mailing address (required): 2150 E. Juanta			
	Candidate's email address (required): VOTESTEVEK @ GMA, I, COM			
	Candidate's phone number (required): 240, 4752			
	Candidate's website (if any):			
Office Sought (choose one):	□ Mayor			
Election Cycle for Office Soug	tht (year the election will take place) (required):			
Party Affiliation:	☐ Democrat ☐ Libertarian ☐ Republican ☐ Other:			
(required)	EDeniocial Elibertarian Elitopasiican Elitoria.			
☐ Political Action Comn	nittee (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):			
(ii applicable)	Sponsor's email address (required):			
	Sponsor's phone number (if any):			
	Sponsor's website (if any):			
	d with Secretary of State			
Special Status must be filed (if applicable)	☐ Standing Committee (must also complete separate standing committee registration)			
(π αργιισασίο)	☐ 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 file	ad with Secretary of State ☐ Standing Committee (must also complete separate standing committee registration)			

☐ Initial Applicatio☐ Amended Applic	
Date:	



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 2421 n. Woodkand Do 85740
	Committee's email address (required): Pcharles @ theriver, com
	Committee's phone number (if any): 977-516
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): ANN CHAMES
	Chairperson's physical address (required): ZieZI N. Weddleend \$570
	Chairperson's mailing address (if different):
	Chairperson's email address (required): RCNC+HO @ +Neri ver. Cor
	Chairperson's phone number (required): 977 - 5161
	Chairperson's employer (required):
	Chairperson's occupation (required): PT- Time Cluet of Start
reasurer's Information:	Treasurer's name (required):
	Treasurer's physical address (required): 3938 E, 181 &5711
	Treasurer's mailing address (if different):
	Treasurer's email address (required): NBH@ Lwil, Cuizona, Eal
	Treasurer's phone number (required): 444 9303
	Treasurer's employer (required): Ne tive &
	Treasurer's occupation (required): Netce b
Bank or Financial Institution:	Bank name (required): NONE - NOT PAISING DARATICES AT THIS TO
	Bank name (required): None - NOT PAISING DANSTONS AT THIS TO Additional bank name (if applicable):
Bank or Financial Institution: do not list acct numbers)	Bank name (required): NONE - NOT PAISING DARATICES AT THIS TO
do not list acct numbers)	Bank name (required): FOT PAISING DANATICES AT THIS TO Additional bank name (if applicable): Additional bank name (if applicable):
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do not list acct numbers) CLARATION AND SIGNAT declare under penalty of penairperson or treasurer of the committee and authorize it to trampaign finance and reports 16-901 to 16-938; and (5	Bank name (required):
do not list acct numbers) CLARATION AND SIGNAT declare under penalty of phairperson or treasurer of the committee and authorize it to the committee and report	Bank name (required):
declare under penalty of phairperson or treasurer of the transparing finance and reports 16-901 to 16-938; and (5 address(es) provided herein.	Bank name (required):





STATE OF ARIZONA CITY OF TUCSON

CANDIDATE STATEMENT OF INTEREST [A.R.S. § 16-311; A.R.S. § 16-341(I)]

You are hereby notified that I, the under	signed, hereby declare	my interest to run as a candidate fo
the Office of COUNCIL MEMBER, WARD		
Tuesday, August 3, 2021. I am seeking the nomina	ation of the \bigcirc	MOCRATIC Party.
<u>Candidate Information</u> (Please print your inform	nation.)	
Name: KOZACHIK Last		First
Residence Address: 2156 E.		
Tix socity		<u>85719</u> Zip Code
·		
Mailing Address: 2156 E.	Street	
City	AZ	85719
City	State	Zip Code
Primary Phone: (520) 240-4952		
Alternate Phone: (520) 977_ 516 \	Type of Phone: Home	Work Cell
Primary Email: <u>VOTESTEVEK</u> ©	Gmail.	-0 M
Alternate Email: Rcharles @ +	theriver c	-5m
By submitting this document, I understand that Statement of Interest are invalid and may be subjethis Statement is not a formal declaration of control of control of the statement is not seeking municipal office.	ect to challenge pursua andidacy and that file	nt to A.R.S. § 16-351. I understand
CANDIDATE SIGNATURE		2 3 5 2 1 Date