

- Initial Application
- Amended Application

Date: 07/02/2019



**City of Tucson  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

19-309-CT

**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: \_\_\_\_\_

19 JUL - 8 AM 11:29  
 OFFICE OF THE  
 CITY CLERK  
 CITY OF TUCSON  
 RECEIVED

**Political Action Committee (PAC)**

*Committee Name* (required): \_\_\_\_\_ United 4 Arizona  
(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)

O-FILE  
205881

- Initial Application
- Amended Application

Date: 07/02/2019



**City of Tucson  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

19-309-CT

**COMMITTEE INFORMATION:**

*Contact Information:* Committee's mailing address (required): 2401 N. Central Avenue, Phoenix, AZ 85004  
 Committee's email address (required): stanc@ufcw99.com  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): \_\_\_\_\_


*Chairperson's Information:* Chairperson's name (required): Hanna Rubin  
 Chairperson's physical address (required): 2401 N. Central Avenue, Phoenix, AZ 85004  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): hannar@ufcw99.com  
 Chairperson's phone number (required): (602) 254-0099  
 Chairperson's employer (required): UFCW Local 99  
 Chairperson's occupation (required): Organizer

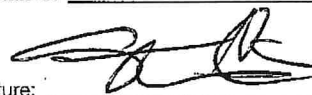
*Treasurer's Information:* Treasurer's name (required): Stan Chavira  
 Treasurer's physical address (required): 2401 N. Central Avenue, Phoenix, AZ 85004  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): stanc@ufcw99.com  
 Treasurer's phone number (required): (602) 254-0099  
 Treasurer's employer (required): UFCW Local 99  
 Treasurer's occupation (required): Political Director

*Bank or Financial Institution:* Bank name (required): Alliance 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: 07/02/2019

Treasurer's signature:  Date: 07/02/2019

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_