

- Initial Application
- Amended Application

Date: _____



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

17-278-CF

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: _____

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Political Action Committee (PAC)

Committee Name (required): _____ Arizona Restaruant Assocaition PAC _____
(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: (if applicable) Sponsor's name or nickname (required): Arizona Restaruant Association
Sponsor's mailing address (required): 3333 E. Camelback Rd., Ste. 285, Phoenix, AZ 85018
Sponsor's email address (required): dan@azrestaurant.org
Sponsor's phone number (if any): (602) 307-9134
Sponsor's website (if any): azrestaurant.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)

193959 SMM
Office X-CFA

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City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 3333 E. Camelback Rd., Ste 285, Phoenix, AZ 85018
 Committee's email address (required): dan@azrestaurant.org
 Committee's phone number (if any): (602) 307-9134
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Skip Chase
 Chairperson's physical address (required): 2782 W. Jasper Dr., Chandler, AZ 85224
 Chairperson's mailing address (if different): 3333 E. Camelback Rd., Ste. 285, Phoenix, AZ 85018
 Chairperson's email address (required): skip@livemasinaz.com
 Chairperson's phone number (required): (480) 223-3550
 Chairperson's employer (required): Chase's Diner
 Chairperson's occupation (required): Restaurateur

Treasurer's Information: Treasurer's name (required): Joe Johnston
 Treasurer's physical address (required): 2762 E. James St., Gilbert, AZ 85296
 Treasurer's mailing address (if different): 3333 E. Camelback Rd., Ste. 285, Phoenix, AZ 85018
 Treasurer's email address (required): joe@agritopia.com
 Treasurer's phone number (required): (602) 346-5537
 Treasurer's employer (required): Agritopia
 Treasurer's occupation (required): Restaurateur

Bank or Financial Institution: Bank name (required): Bank of America
 (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: 06/22/2017

Treasurer's signature: _____

Date: 06/22/2017

Candidate's signature (if applicable): _____

Date: _____