

Initial Application  
 Amended Application  
 Date: 8-17-17



**City of Tucson  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
17-283-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: \_\_\_\_\_

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**Political Action Committee (PAC)**

*Committee Name* (required): SOUTHERN ARIZONA PUBLIC SAFETY ALLIANCE  
 (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)

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 (office use only)  
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**COMMITTEE INFORMATION:**

**Contact Information:** Committee's mailing address (required): 3132 W. Avior Dr Tucson, AZ 85742  
 Committee's email address (required): jimwerts@msn.com  
 Committee's phone number (if any): 520-591-2291  
 Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): James Werts  
 Chairperson's physical address (required): 3132 W. Avior Dr Tucson, AZ 85742  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): jimwerts@msn.com  
 Chairperson's phone number (required): 520-591-2291  
 Chairperson's employer (required): Drexel Heights Fire District  
 Chairperson's occupation (required): Firefighter

**Treasurer's Information:** Treasurer's name (required): MICHAEL HOYE  
 Treasurer's physical address (required): 835 E. COTTONWOOD CANYON  
 Treasurer's mailing address (if different): SANUARIA, AZ 85709  
 Treasurer's email address (required): MHOYE1242@GMAIL.COM  
 Treasurer's phone number (required): 520 275 7856  
 Treasurer's employer (required): GREEN VALLEY FIRE DISTRICT  
 Treasurer's occupation (required): FIREFIGHTER

**Bank or Financial Institution:** Bank name (required): FIREFIGHTERS FIRST CREDIT UNION  
 (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: [Signature] Date: 8-17-17  
 Treasurer's signature: [Signature] Date: 08/25/17  
 Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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