

- Initial Application
- Amended Application

Date: 01/26/2017



**City of Tucson
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

17-266-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): Tucson Enforcing Accountable Management (TEAM) Committee
(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)

Revised: December 2016
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 O-File X-CFA SM

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**City of Tucson
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
17-2666-CT

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 450 West Dakota Street, Tucson, AZ 85706
 Committee's email address (required): TEAMAZ2017@gmail.com
 Committee's phone number (if any): _____
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Frank Konarski
 Chairperson's physical address (required): 450 West Dakota Street, Tucson, AZ 85706
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): FrankKonarskiaz@gmail.com
 Chairperson's phone number (required): (520) 746-0564
 Chairperson's employer (required): Self-Employed
 Chairperson's occupation (required): Developer

Treasurer's Information: Treasurer's name (required): Frank E. Konarski
 Treasurer's physical address (required): 450 West Dakota Street, Tucson, AZ 86706
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): FrankEKonarskiaz@gmail.com
 Treasurer's phone number (required): (520) 746-0564
 Treasurer's employer (required): Student
 Treasurer's occupation (required): Student

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

**SEE 1-PAGE SUPPLEMENT OF VICE CHAIRPERSON INFORMATION ATTACHED HERETO.
 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.

of Vice Chairperson

Chairperson's signature: [Signature] Date: 1/26/2017
 VICE CHAIRPERSON'S SIGNATURE: [Signature] DATE: 1/26/2017
 Treasurer's signature: [Signature] Date: 1/26/2017
 Candidate's signature (if applicable): _____ Date: _____

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**Supplement to City of Tucson Committee Statement of Organization
for
Tucson Enforcing Accountable Management (TEAM) Committee**

Vice Chairperson Information

Vice Chairperson's name:	<u>John Konarski</u>
Vice Chairperson's physical address:	<u>450 West Dakota Street, Tucson, AZ 85706</u>
Vice Chairperson's mailing address:	<u>” ” ”</u>
Vice Chairperson's email address:	<u>JohnKonarskiaz@gmail.com</u>
Vice Chairperson's phone number:	<u>(520) 746-0564</u>
Vice Chairperson's employer:	<u>Student</u>
Vice Chairperson's occupation:	<u>Student</u>

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