

Initial Application
 Amended Application SA
 Date: 4/11/17



**City of Tucson
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
17-271-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: Democrat Libertarian Republican Other: _____
 (required)

CITY OF TUCSON
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 CITY CLERK

Political Action Committee (PAC)

Committee Name (required): Tucson Metro Chamber 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: Sponsor's name or nickname (required): Tucson Metropolitan Chamber of Commerce
 (if applicable) Sponsor's mailing address (required): PO Box 991; Tucson, AZ 85702
 Sponsor's email address (required): swilka@tucsonchamber.org
 Sponsor's phone number (if any): 520-792-2250, ext. 132
 Sponsor's website (if any): www.tucsonchamber.org

Special Status must be filed with Secretary of State Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
 (if applicable) 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 Standing Committee (must also complete separate standing committee registration)
 (if applicable)

Initial Application
 Amended Application - 20
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 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 991; Tucson, AZ 85702
 Committee's email address (required): swilka@tucsonchamber.org
 Committee's phone number (if any): 520-792-2250
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Thomas McGovern
 Chairperson's physical address (required): 333 E. Wetmore Road #450; Tucson, AZ 85705
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): tmcgovern@psomas.com
 Chairperson's phone number (required): 520-292-2300
 Chairperson's employer (required): PSOMAS
 Chairperson's occupation (required): Civil Engineer

Treasurer's Information: Treasurer's name (required): David Lopez-Monroy
 Treasurer's physical address (required): 1985 E. River road #201; Tucson, AZ 85718
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): dlopez-monroy@beachfleischman.com
 Treasurer's phone number (required): 520-321-4600
 Treasurer's employer (required): BeachFleischman PC
 Treasurer's occupation (required): Accountant

Bank or Financial Institution: Bank name (required): Bank of Tucson
 (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: Thomas McGovern Date: 4/6/17
 Treasurer's signature: David Lopez-Monroy Date: 4/6/17
 Candidate's signature (if applicable): _____ Date: _____