

- Initial Application
- Amended Application

Date: 8/7/17



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

17-271-CT

*Amended to reflect change  
in Chairperson. for*

**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 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  
Sponsor's website (if any): www.tucsonchamber.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)

*194232*  
Revised: December 2016  
*File X-CFA*

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**City of Tucson  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
17-271-CF

**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): Robert D. Ramirez  
 Chairperson's physical address (required): 2480 N. Arcadia Avenue  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): robert.ramirez@vantagewest.org  
 Chairperson's phone number (required): (520) 917-6701  
 Chairperson's employer (required): Vantage West Credit Union  
 Chairperson's occupation (required): CEO

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

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**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: 07/26/2017

Treasurer's signature: [Signature] Date: 08/07/17

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