



City of Tucson COMMITTEE STATEMENT **OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

22-340-CT

OMMITTEE TYPE (choose or	ne):	
☐ Candidate	₹ <u>₹</u> 3	
Committee Name (required): (first or last name & office)		-0
		F
Candidate Information:	Candidate's Name (required):	
	Candidate's mailing address (required):	
	Candidate's effiail address (required):	
	Candidate's phone number (required):	
	Candidate's website (if any):	
Office Sought (choose one):	□ Mayor □ Council Member, Ward	
Election Cycle for Office Soug	ght (year the election will take place) (required):	
Party Affiliation: (required)	□ Democrat □ Libertarian □ Republican □ Other:	
☐ Political Action Com		
Committee Name (required): (if sponsored, must include sponsor's name)	Arizona Citizens Action	
Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures Ballot Measure Expenditures ☐ Recall Expenditures	
Sponsorship Information:	Sponsor's name or nickname (required):	
(if applicable)	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 file (if applicable)		n)
□ 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 file (if applicable)	ed with Secretary of State Standing Committee (must also complete separate standing committee registration)	ee:

✗ Initial Application☐ Amended Application

Date: 12 30 22



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COMMITTEE INFORMATION:	ー 一 一 一	ECS	
	20	\Box	45
Contact Information:	Committee's mailing address (required): 3849 E Broadway Blvd #120		
	Committee's email address (required): wglbeard@hotmail.com	ç	
	Committee's phone number (if any): (520) 419-2757	_ 	
	Committee's website (if any):	-	
Chairperson's Information:	Chairperson's name (required): Donna Alu.	_	
	Chairperson's physical address (required): 972 W Beauchamp Tucson, AZ 85704		
	Chairperson's mailing address (if different):	_	
	Chairperson's email address (required): donnaalu@msn.com		
	Chairperson's phone number (required): (520) 271-6148	_	
	Chairperson's employer (required): Retired		
	Chairperson's occupation (required): Retired		
Treasurer's Information:	Treasurer's name (required): William Beard		
, reduction of morning	Treasurer's physical address (required): 4202 N Limberlost Circle Tucson, AZ 85705		
	Treasurer's mailing address (if different):		
	Treasurer's email address (required): wglbeard@hotmail.com		
	Treasurer's phone number (required): (520) 419-2757		
	Treasurer's employer (required): Roosevelt Strategy Group	_	
	Treasurer's occupation (required): Consultant		
Bank or Financial Institution:	Bank name (required): OneAZ Credit Union		
(do not list acct numbers)	Additional bank name (if applicable):		
,	Additional bank name (if applicable):	_	
DECLARATION AND SIGNAT	URES:		
chairperson or treasurer of the committee and authorize it to campaign finance and report §§ 16-901 to 16-938; and (5 address(es) provided herein.		andida f Stat it A.R	ate e's .S.
Chairperson's signature:	Date: 12/29/22		
Treasurer's signature:	Date: 12/29/22		
Candidate's signature (if app	licable): Date:		