

- Initial Application
- Amended Application

Date: 3/9/23



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

23-346-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)

Political Action Committee (PAC)

Committee Name (required): The Committee for Tucson Election Equality Act - Initiative Serial #2023-I002
(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): _____
(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 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)

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City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
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23-346-CT

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 3661 N Campbell Ave Num 357
Committee's email address (required): info@yesfortucson.org
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Co-Chair (1 of 4) Luis Gonzales Sr
Chairperson's physical address (required): 2307 W Horseshoe PI Tucson, AZ 85745
Chairperson's mailing address (if different): _____
Chairperson's email address (required): tosali@hotmail.com
Chairperson's phone number (required): (520) 405-7515
Chairperson's employer (required): Arizona Native Ventures
Chairperson's occupation (required): CEO

Treasurer's Information: Treasurer's name (required): Roman Campuzano
Treasurer's physical address (required): 6435 S Speak Trail Tucson, AZ 85746
Treasurer's mailing address (if different): _____
Treasurer's email address (required): romezano@gmail.com
Treasurer's phone number (required): (520) 833-3685
Treasurer's employer (required): Medicare for Business and Industry
Treasurer's occupation (required): Manager

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 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: 

Date: 3/9/23

Treasurer's signature: 

Date: 3/9/2023

Candidate's signature (if applicable): _____

Date: _____

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 Committee's email address (required): info@yesfortucson.org
 Committee's phone number (if any): _____
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Co-Chair (2 of 4) Ted Downing
 Chairperson's physical address (required): 1402 E Kleindale Tucson, AZ 85719
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): ted@teddowning.com
 Chairperson's phone number (required): (520) 256-8766
 Chairperson's employer (required): University of Arizona
 Chairperson's occupation (required): Research Professor of Social Development

Treasurer's Information: Treasurer's name (required): Roman Campuzano
 Treasurer's physical address (required): 6435 S Speak Trail Tucson, AZ 85746
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): romezano@gmail.com
 Treasurer's phone number (required): (520) 833-3685
 Treasurer's employer (required): Medicare for Business and Industry
 Treasurer's occupation (required): Manager

Bank or Financial Institution: Bank name (required): OneAZ Credit Union
 (do not list acct numbers) Additional bank name (if applicable): _____
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Chairperson's signature: Date: 9 March 2023

Treasurer's signature: Date: 3/9/2023

Candidate's signature (if applicable): _____ Date: _____

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Committee's email address (required): info@yesfortucson.org
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Co-Chair (3 of 4) Dru Heaton
Chairperson's physical address (required): 3874 N Calle Entrada Tucson, AZ 85749
Chairperson's mailing address (if different): _____
Chairperson's email address (required): heaton4arizona@gmail.com
Chairperson's phone number (required): (520) 971-2333
Chairperson's employer (required): Homemaker
Chairperson's occupation (required): Homemaker

Treasurer's Information: Treasurer's name (required): Roman Campuzano
Treasurer's physical address (required): 6435 S Speak Trail Tucson, AZ 85746
Treasurer's mailing address (if different): _____
Treasurer's email address (required): romezano@gmail.com
Treasurer's phone number (required): (520) 833-3685
Treasurer's employer (required): Medicare for Business and Industry
Treasurer's occupation (required): Manager

Bank or Financial Institution: Bank name (required): OneAZ Credit Union
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Chairperson's signature:

Date: 03.09.2023

Treasurer's signature:

Date: 3/9/2023

Candidate's signature (if applicable): _____

Date: _____

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 Committee's phone number (if any): _____
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Co-Chair (4 of 4) Fernando Gonzales
 Chairperson's physical address (required): Tucson, AZ 85745
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): gannando@yahoo.com
 Chairperson's phone number (required): (520) 907-6248
 Chairperson's employer (required): Retired
 Chairperson's occupation (required): Retired

Treasurer's Information: Treasurer's name (required): Roman Campuzano
 Treasurer's physical address (required): 6435 S Speak Trail Tucson, AZ 85746
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): romezano@gmail.com
 Treasurer's phone number (required): (520) 833-3685
 Treasurer's employer (required): Medicare for Business and Industry
 Treasurer's occupation (required): Manager

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Chairperson's signature:

Date: 3/9/23

Treasurer's signature:

Date: 3/9/2023

Candidate's signature (if applicable): _____

Date: _____