

Date: 3 9 23



# City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

23-346-CT

OMMITTEE TYPE (choose o	ne):		
☐ 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):	To the same of	
	Candidate's phone number (required):		
	Candidate's website (if any):		Jo.
Office Sought (choose one):	☐ Mayor ☐ Council Member, Ward		en on the second
Election Cycle for Office Sou	ght (year the election will take place) (required):	Terror at the	# 17 m
Party Affiliation: (required)	☐ Democrat ☐ Libertarian ☐ Republican ☐ Other:		2,47
sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures  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 file (if applicable)		, LLC, Partners	hip, or Union ee registration
☐ Political Party			
Committee Name (required): (must include party affiliation			
Jurisdiction:	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-8☐ Legislative District Party (must include proof of organization pursuant to A. ☐ City or Town Party (must include proof of qualification pursuant to A.R.S. §	02 or § 16-804) R.S. § 16-823)	
Special Status must be file (if applicable)	d with Secretary of State  ☐ Standing Committee (must also complete registration)	separate stand	ding committe



Date: 3 9 23



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23-346-CT

Contact Information:	Committee's mailing address (required):			_
	Committee's email address (required):	info@yesfortucso	n.org	<b>-</b> ,
	Committee's phone number (if any):			_
	Committee's website (if any):			_
Chairperson's Information:	Chairperson's name (required):	Co-Chair (1 of 4) Luis Gonz	zales Sr	_
	Chairperson's physical address (required):	2307 W Horseshoe PI Tud	cson, AZ 85745	_
	Chairperson's mailing address (if different):			
	Chairperson's email address (required):	tosali@hotmail.c	om	
	Chairperson's phone number (required):	(520) 405-751	5	
	Chairperson's employer (required):	Arizona Native Ventu	ıres	
	Chairperson's occupation (required):	CEO		_
Treasurer's Information:	Treasurer's name (required):	Roman Campuzano		_
	Treasurer's physical address (required):	6435 S Speak Trail Tucso	on, AZ 85746	<del>-</del>
	Treasurer's mailing address (if different):			_
	Treasurer's email address (required):	romezano@gmail.c	com	<del></del> 6:
	Treasurer's phone number (required):	(520) 833-3685		
	Treasurer's employer (required):	Medicare for Business and	Industry	_
	Treasurer's occupation (required):			_
Bank or Financial Institution:	Bank name (required):		15.0°	
(do not list acct numbers)	Additional bank name (if applicable):		100	C. 3 (-
	Additional bank name (if applicable):			**************************************
7			**************************************	
ECLARATION AND SIGNAT	URES:		1 3	0 2
LOZAMATION AND GIGHTAT	5H25.			
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.	perjury that the foregoing information is true the committee named herein, if applicable; (2) to receive/make contributions/expenditures on ing guide; (4) agree to comply with Arizona a to agree to accept all notifications and legal s	designate the above-named comming my behalf, if applicable; (3) have relection law, including campaign finatervice of process for campaign finatervice.	ittee as my official ca ead the Secretary of ance laws codified at ance purposes via th	ndidate State's A.R.S
Chairperson's signature:	front / much	Date: 3/9.	/23	
Treasurer's signature:		Date: <b>3/</b> 9	12523	
Candidate's signature (if appl	icable):	Date:		





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and the same and a same a same and a same a		3661 N Campbe	ell Ave Num 3	357	
Contact Information:	Committee's mailing address (required):	info@yoofo		,,,,	
	Committee's email address (required):				
	Committee's phone number (if any):				
	Committee's website (if any): Chairperson's name (required):	Co-Chair (2 of 4) T	ed Downing		
hairperson's Information:	Chairperson's name (required):	1402 E Kloindale	Tucson A7	85710	
	Chairperson's physical address (required)			037 18	
	Chairperson's mailing address (if different)	tad@tadda			
	Chairperson's email address (required): _				
	Chairperson's phone number (required): _		56-8766		
	Chairperson's employer (required):	University of	Arizona		
	Chairperson's occupation (required):	Research Professor of	Social Devel	opmen	t
reasurer's Information:	Treasurer's name (required):	Roman Camp			
	Treasurer's physical address (required): _	6435 S Speak Trail	Tucson, AZ	8574	6
	Treasurer's mailing address (if different): _				
	Treasurer's email address (required):	romezano@	gmail.com		
	Treasurer's phone number (required):	(520) 83			
	Treasurer's employer (required):	Medicare for Business and Industry			
	To a series a series of the series of the	Manag	ior		ē.
	reasurer's occupation (required):	manag	Jei		
Bank or Financial Institution:	Treasurer's occupation (required):	OneAZ Credit Un	nion		500
	Bank name (required):	OneAZ Credit Un	nion		100
	Bank name (required):  Additional bank name (if applicable):  Additional bank name (if applicable):	OneAZ Credit Un	nion ~-		
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do not list acct numbers)	Bank name (required):Additional bank name (if applicable):Additional bank name (if applicable):	OneAZ Credit Un	nion ~-		C3
do not list acct numbers)	Bank name (required):Additional bank name (if applicable):Additional bank name (if applicable):	OneAZ Credit Un	nion ~-		
do not list acct numbers)	Bank name (required):Additional bank name (if applicable):Additional bank name (if applicable):	OneAZ Credit Un	nion ~-		
chairperson or treasurer of the committee and authorize it to campaign finance and report	Bank name (required):Additional bank name (if applicable): Additional bank name (if applicable): URES:  perjury that the foregoing information is true committee named herein, if applicable; (if a creceive/make contributions/expenditures (ing guide; (4) agree to comply with Arizona) agree to accept all notifications and legal	ue and correct. I further dec 2) designate the above-name on my behalf, if applicable; (3 a election law, including cam	clare that I: (1) ed committee as 3) have read the paign finance la	consent my offici Secreta ws codifi	to serve al-candid ry of Sta ed at A.F
declare under penalty of penalty of the committee and authorize it to campaign finance and report \$8 16-901 to 16-938; and (5 address(es) provided herein.	Bank name (required):Additional bank name (if applicable): Additional bank name (if applicable): URES:  perjury that the foregoing information is true committee named herein, if applicable; (if a creceive/make contributions/expenditures (ing guide; (4) agree to comply with Arizona) agree to accept all notifications and legal	ue and correct. I further dec 2) designate the above-name on my behalf, if applicable; (3 a election law, including cam I service of process for camp	clare that I: (1) ed committee as 3) have read the paign finance la	consent my offici Secreta ws codifi rposes v	to serve al-candid ry of Sta ed at A.F
do not list acct numbers)  CLARATION AND SIGNAT  declare under penalty of penalty of the committee and authorize it to the campaign finance and report \$8\$, 16-901 to 16-938; and (5)	Bank name (required):Additional bank name (if applicable): Additional bank name (if applicable):  URES:  Derjury that the foregoing information is true committee named herein, if applicable; (if a committee named herein) are comply with Arizona (ing guide; (4) agree to comply with Arizona (ing agree to accept all notifications and legations).	ue and correct. I further dec 2) designate the above-name on my behalf, if applicable; (3 a election law, including cam I service of process for camp	clare that I: (1) ed committee as 3) have read the paign finance lavoaign finance pu	consent my offici Secreta ws codifi rposes v	to serve al-candid ry of Star ed at A.F





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COMMITTEE ID NUMBER (office use only)

23-346-CT

Contact Information:  Committee's email address (required):  Committee's website (if any):  Chairperson's Information:  Chairperson's mailing address (required):  Chairperson's mailing address (required):  Chairperson's email address (required):  Treasurer's Information:  Treasurer's physical address (required):  Treasurer's physical address (re					
Committee's email address (required): info@yesfortucson.org  Committee's website (if any): Committee's website (if any): Committee's website (if any): Chairperson's Information:  Chairperson's make (required): Co-Chair (3 of 4) Dru Heaton  3874 N Calle Entrada Tucson, AZ 85749  Chairperson's mailing address (required): heaton4arizona@gmail.com  Chairperson's email address (required): (520) 971-2333  Chairperson's occupation (required): Homemaker  Chairperson's occupation (required): Homemaker  Chairperson's name (required): Roman Campuzano  Treasurer's physical address (required): 6435 S Speak Trail Tucson, AZ 85746  Treasurer's mailing address (required): romezano@gmail.com  Treasurer's employer (required): fo520) 933-3685  Treasurer's employer (required): fo520) 833-3685  Treasurer's employer (required): Medicare for Business and Industry  Treasurer's employer (required): OneAZ Credit Union  Bank or Financial Institution  (do not list acct numbers)  Additional bank name (if applicable): Additional bank	Contact Information	Committee's mailing address (required):	3661 N Campbe	ell Ave Num 3	357
Committee's phone number (if any): Committee's website (if any): Chairperson's Information: Chairperson's name (required): Chairperson's mailing address (if different): Chairperson's mailing address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's occupation (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's occupation (required): Manager  Bank or Financial Institution: Bank name (required): Additional bank name (if applicable):  I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve a chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candida committee and authorize it to cavelerable contributions expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and authorize it to recovermake contributions expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and authorize it to recovermake contributions expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and authorize it to recovermake contributions expenditures on my behalf, if applicab	Contact mormation.		1.60	rtucson.org	
Chairperson's Information:  Chairperson's mailer (required): Chairperson's mailing address (required): Chairperson's mailing address (required): Chairperson's mailing address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's emailing address (required): Chairperson's emailing address (required): Chairperson's emailing address (required): Chairperson's emailing address (required): Chairperson's employer (required): Chairperson's employer (required): Treasurer's name (required): Treasurer's name (required): Treasurer's emailing address (required): Treasurer's employer (required): Treas					
Chairperson's Information: Chairperson's mame (required): Chairperson's mame (required): Chairperson's mailing address (required): Chairperson's email address (required): Chairperson's email address (required): Chairperson's employer (required): Chairperson's cocupation (required): Chairperson's cocupation (required): Treasurer's Information: Treasurer's mame (required): Treasurer's mailing address (required): Treasurer's physical address (required): Treasurer's employer (required): Treasurer's physical address (required): Treasurer's physical address (required): Treasurer's signature: Treasurer					<del></del>
Chairperson's physical address (required): Chairperson's mailing address (required): Chairperson's email address (required): Chairperson's phone number (required): Treasurer's mailing address (required): Chairperson's cocupation (required): The surer's mane (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's emailing address (required): Treasurer's employer (required): Medicare for Business and Industry Treasurer's occupation (required): Manager  OneAZ Credit Union Additional bank name (if applicable): Additional bank name (if applicable): Additional bank name (if applicable):  Chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candida committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State (ampaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.\$\frac{1}{2}\$ (5) (1) (1) (1) (2) (2) (2) (2) (3) (3) (3) (3) (3) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3	Chairnerson's Information:			Dru Heaton	
Chairperson's mailing address (if different): Chairperson's email address (required): Chairperson's email address (required): Treasurer's Information:  Treasurer's Information:  Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's email address (required): Treasurer's employer (required): Treasurer's employer (required): Medicare for Business and Industry Treasurer's cocupation (required): Manager  Bank or Financial Institution: (do not list acct numbers) Additional bank name (if applicable): Additional bank name (if applicable): Additional bank name (if applicable):  ECLARATION 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 a chairperson or treasurer of the committee amed herein, if applicable; (2) designate the above-named committee as my official candida committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State S§ 16-901 to 16-938; and (5) agree to comply with Arzona election law, including campaing finance laws codified at A.R.S. (5) agree to accept all notifications and legal service of process for campaign finance purposes via the emaddress(s) provided herein.  Chairperson's signature:  Date: 319132233  Date: 319132233	опапретзон з ппонналон.	Chairperson's physical address (required):	3874 N Calle Entrada	a Tucson, A	Z 85749
Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's cocupation (required): Homemaker Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's mailing address (required): Treasurer's mailing address (required): Treasurer's email address (required): Treasurer's employer (required): Treasu					
Chairperson's phone number (required): (520) 971-2333  Chairperson's employer (required): Homemaker  Chairperson's occupation (required): Roman Campuzano  Treasurer's Information: Treasurer's name (required): G435 S Speak Trail Tucson, AZ 85746  Treasurer's mailing address (required): romezano@gmail.com  Treasurer's employer (required): romezano@gmail.com  Treasurer's employer (required): Medicare for Business and Industry  Treasurer's employer (required): Manager  Bank or Financial Institution: Bank name (required): OneAZ Credit Union  Bank name (required): Additional bank name (if applicable):			hooton/orizon		n
Chairperson's employer (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 email address (required): romezano@gmail.com  Treasurer's email address (required): romezano@gmail.com  Treasurer's employer (required): (520) 833-3685  Treasurer's employer (required): Medicare for Business and Industry  Treasurer's occupation (required): Manager  Bank or Financial Institution: (do not list acct numbers)  Additional bank name (if applicable): Additional bank name (if applicable): Additional bank name (if applicable): (2) designate the above-named committee as my official candidacommittee and authorize it to receive/make contributions/expenditures on my behalt, if applicable: (3) have read the Secretary of State campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. \$\$1-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the emaddress(es) provided herein.  Chairperson's signature: Date: 319132333  Treasurer's signature: Date: 319132333  Date: 319132333		Chairperson's phone number (required):	(520) 97	71-2333	
Chairperson's occupation (required):				aker	
Treasurer's Information:  Treasurer's Information:  Treasurer's mailing address (required):  Treasurer's mailing address (if different):  Treasurer's mailing address (if different):  Treasurer's mailing address (if different):  Treasurer's email address (required):  Treasurer's phone number (required):  Treasurer's employer (required):  Treasurer's employer (required):  Treasurer's occupation (required):  Medicare for Business and Industry  Treasurer's occupation (required):  Manager  OneAZ Credit Union  Additional bank name (if applicable):  Additional bank name (if applicable):  Additional bank name (if applicable):  I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve a chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candida committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the emandress (es) provided herein.  Chairperson's signature:  Date: 31912223  Date: 31912223			1.1	aker	
Treasurer's physical address (required): 6435 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Transurar's Information:	Trassurer's name (required):	Roman Camp	uzano	
Treasurer's mailing address (if different): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's phone number (required): Treasurer's employer (required): Treasurer's occupation (required): Treasurer's occupation (required): Treasurer's occupation (required):  Bank or Financial Institution: (do not list acct numbers)  Additional bank name (if applicable): Additional bank name (if applicable): Additional bank name (if applicable):  ECLARATION 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 a chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candida committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State 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 emaddress(es) provided herein.  Chairperson's signature:  Date: 31912333  Date: 31912333	rreasurer's information.	Treasurer's physical address (required):	6435 S Speak Trail	Tucson, AZ	85746
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  Additional bank name (if applicable): Interest 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 campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. (5) 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: 3191.2023  Date: 3191.2023					
Treasurer's phone number (required):		Treasurer's email address (required):	romezano@	gmail.com	
Treasurer's employer (required):		Treasurer's phone number (required):	(520) 833	3-3685	
Treasurer's occupation (required):  Bank or Financial Institution:  Bank name (required):  Additional bank name (if applicable):  Additional bank name (if applicable):  Additional bank name (if applicable):  Beclaration 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 a chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidar committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.\$\s\frac{1}{5} 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the emanderess(es) provided herein.  Chairperson's signature:  Chairperson's signature:  Date:  Date:  31912223  Date:  Bank name (required):  OneAZ Credit Union  Additional bank name (if applicable):  Additional bank name (if a				s and Indust	ry
Bank or Financial Institution:  (do not list acct numbers)  Additional bank name (if applicable):  Additional bank name (if applicable):  Additional bank name (if applicable):  ECLARATION 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 a chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidar committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.B.s. (5) 16-901 to 16-93s; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the emanderess(es) provided herein.  Chairperson's signature:  Date:			8.00		
Additional bank name (if applicable):  Additional bank name (if applicable):  ECLARATION 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 a chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candida committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.B.s. (5) 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the emandress(es) provided herein.  Chairperson's signature:  Date:	Bank or Financial Institution		One A7 Credit I In	ion	1241
Additional bank name (if applicable):    I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve a 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 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 emanders (es) provided herein.    Chairperson's signature:   Date: 03.09.2023				gram,	200
I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve a 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 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 emanderss(es) provided herein.  Chairperson's signature:  Date:		Additional bank name (if applicable):		4 1 · · ·	-cutyli.
I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve a chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidar committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State 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 emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of process for campaign finance purposes via the emanders of the service of the servi	Dec. 100				
I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve a 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 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 emanderss(es) provided herein.  Chairperson's signature:  Date:					5 PT 1
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 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 emanderess(es) provided herein.  Chairperson's signature:  Date: 389.2023  Date: 389.2023	FCLARATION AND SIGNAT	URES:			
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 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 emanderess(es) provided herein.  Chairperson's signature:  Date: 389.2023  Date: 389.2023	ECLARATION AND SIGNAT	URES:			
Chairperson's signature: Substituting Page Date: 03.09.2023  Treasurer's signature: Date: 3/5/2023	ECLARATION AND SIGNAT	URES:		e con	
	I declare under penalty of p chairperson or treasurer of th committee and authorize it to campaign finance and report §§ 16-901 to 16-938; and (5	perjury that the foregoing information is true ne committee named herein, if applicable; (2) oreceive/make contributions/expenditures or ing guide; (4) agree to comply with Arizona	designate the above-name may behalf, if applicable; (3 election law, including camp	d committee as b) have read the baign finance la	consent to serv my official cand Secretary of St ws codified at A
Candidate's signature (if applicable): Date:	I declare under penalty of penalty of penalty of penalty of the committee and authorize it to campaign finance and report §§ 16-901 to 16-938; and (5 address(es) provided herein.	perjury that the foregoing information is true ne committee named herein, if applicable; (2) or receive/make contributions/expenditures or ing guide; (4) agree to comply with Arizona ) agree to accept all notifications and legal	designate the above-name n my behalf, if applicable; (3 election law, including camp service of process for camp	d committee as  have read the  baign finance lavaign finance pu	consent to serv my official cand Secretary of St ws codified at A irposes via the e
	I declare under penalty of phairperson or treasurer of the committee and authorize it to campaign finance and report §§ 16-901 to 16-938; and (5 address(es) provided herein.  Chairperson's signature:	perjury that the foregoing information is true ne committee named herein, if applicable; (2) or receive/make contributions/expenditures or ing guide; (4) agree to comply with Arizona ) agree to accept all notifications and legal	designate the above-name n my behalf, if applicable; (3 election law, including camp service of process for camp Date:	d committee as s) have read the paign finance law paign finance pure solutions.	consent to serv my official cand Secretary of St ws codified at A proses via the e





# City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

23-346-CT

Contact Information:	Committee's mailing address (required): _	3661 N Campbell A	ve Num 3	357	_
	Committee's email address (required):		son.org		
	Committee's phone number (if any):				
	Committee's website (if any):				
Chairperson's Information:	Chairperson's name (required):	Co-Chair (4 of 4) Fernand	lo Gonzale	es	
	Chairperson's physical address (required):	Tucson, AZ	85745		
	Chairperson's mailing address (if different)				_
	Chairperson's email address (required):	gannando@yal	noo.com		
	Chairperson's phone number (required):	(520) 907-6	6248		
	Chairperson's employer (required):	Retired			_
	Chairperson's occupation (required):	Retired			
Treasurer's Information:	Treasurer's name (required):	Roman Campuza	ino		_
Production of Milotimation.	Treasurer's physical address (required): _	6435 S Speak Trail Tu	icson, AZ	85746	
	Treasurer's mailing address (if different):				
	Treasurer's email address (required):		ail.com		_
	Treasurer's phone number (required):	(520) 833-3	(520) 833-3685		
	Treasurer's employer (required):	Medicare for Business and Industry			
	Treasurer's occupation (required):	Manager		P A	
Bank or Financial Institution:	Bank name (required):		Ċ	Caro	i J
(do not list acct numbers)	Additional bank name (if applicable):		pro ( 0.888) 30 (2000)	Page	10.23
	Additional bank name (if applicable):		3	1	
*					
DECLARATION AND SIGNAT	URES:			**	34 17
DECEMBER AND CIGITAL	ones.		58 311 1 8 80		
chairperson or treasurer of the committee and authorize it to campaign finance and report	perjury that the foregoing information is true committee named herein, if applicable; (2 oreceive/make contributions/expenditures or ing guide; (4) agree to comply with Arizona) agree to accept all notifications and legal	<ul> <li>designate the above-named con n my behalf, if applicable; (3) ha election law, including campaign service of process for campaign</li> </ul>	ommittee as ave read the n finance lav	my official careful ca	andidat of State at A.R.S
Candidate's signature (if app					