

Initial Application  
 Amended Application  
 Date: 2/28/23



**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)

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 CITY CLERK

**Political Action Committee (PAC)**

Committee Name (required): The Committee for Tucson Election Equality Act  
 (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): Luis Gonzales St  
 (if applicable) Sponsor's mailing address (required): 2307 W Horseshoe Pl Tucson, AZ 85745  
 Sponsor's email address (required): tosali@hotmail.com  
 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  
 (if applicable) registration)

**222533  
 O-File, X-EFA**

*[Handwritten signatures and initials]*

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**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
23-346-CT

**COMMITTEE INFORMATION:**

OFFICE OF THE CLERK  
 CITY OF TUCSON  
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 CITY OF TUCSON  
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**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): 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 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): Barrett Business Services Medicine For Business  
 Treasurer's occupation (required): Manager 3 Industry

**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: [Signature] Date: 2/28/23

Treasurer's signature: [Signature] Date: 2/28/23

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