

State of Arizona

Department of State

Campaign Finance

Statement of Organization



Arizona Secretary of State does hereby certify that on March 17, 2022 3:08 pm “**OUR VOICE OUR VOTE ARIZONA PAC**” filed an amended Statement of Organization and the political committee is registered with our jurisdiction. This committee has been assigned Identification Number **100368**. The Chairperson and Treasurer have read the Secretary of State’s campaign finance filing guide, agreed to comply with Arizona campaign finance law, and agreed to accept all notifications and service of process via email.

Committee OUR VOICE OUR VOTE ARIZONA PAC
1241 E WASHINGTON ST SUITE 103
PHOENIX, AZ 85034
Type: POLITICAL ACTION COMMITTEE (STANDING)
Organization Date: 07/28/2020
Bank: WELLS FARGO
Contact: (602) 497-8545 karen@ourvoiceourvote.us

Chairperson KAREN HERNANDEZ
1241 E WASHINGTON ST SUITE 103
PHOENIX, AZ 85034
Employer/Occupation: OUR VOICE OUR VOTE ARIZONA/director
Contact: (602) 497-8545 karen@ourvoiceourvote.us

Treasurer RYAN JOHNSON
6225 N 24TH ST SUITE 125
PHOENIX, AZ 85016
Employer/Occupation: RYAN JOHNSON PLLC/attorney
Contact: (623) 282-4020 ryanjohnson64@gmail.com

- ☒ Initial Application
☐ Amended Application

Date: **06/07/2023**



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

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): **OUR VOICE OUR VOTE ARIZONA 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): _____
(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)

- ☒ Initial Application
☐ Amended Application

Date: 06/07/2023



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 1241 E Washington St suite 103, Phoenix AZ 85034
Committee's email address (required): Karen@ourvoiceourvote.us
Committee's phone number (if any): (602) 497-8545
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Karen Hernandez
Chairperson's physical address (required): 1241 E Washington St suite 103, Phoenix AZ 85034
Chairperson's mailing address (if different): _____
Chairperson's email address (required): Karen@ourvoiceourvote.us
Chairperson's phone number (required): (602) 497-8545
Chairperson's employer (required): Our Voice Our Vote Arizona
Chairperson's occupation (required): Director

Treasurer's Information: Treasurer's name (required): Ryan Johnson
Treasurer's physical address (required): 6225 N 24TH ST SUITE 125 PHOENIX, AZ 85016
Treasurer's mailing address (if different): _____
Treasurer's email address (required): RyanJohnson64@gmail.com
Treasurer's phone number (required): (623) 282-4020
Treasurer's employer (required): Ryan Johnson PLLC
Treasurer's occupation (required): Attorney

Bank or Financial Institution: Bank name (required): Wells Fargo
(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: 06/08/23

Treasurer's signature: _____

Date: 6/9/23

Candidate's signature (if applicable): _____

Date: _____