	Initial Application
3	Amended Application

Date: 02/01/2024

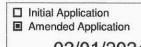


## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

☐ Candidate				
Committee Name (required):				
(first or last name & office)	Candidate's Name (required):			
Candidate Information:				
	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 Sou	ght (year the election will take place) (required):			
Party Affiliation: (required)	□ Democrat □ Libertarian □ Republican □ Other:			
, oquilou)				
☐ Political Action Com	mittee (PAC)			
☐ Political Action Committee Name (required): (if sponsored, must include sponsor's name)				
☐ Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional):				
☐ Political Action Come  Committee Name (required):  (if sponsored, must include	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures			
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures			
☐ Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)	☐ 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):			
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:	□ 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 phone number (if			
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:	☐ 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):			
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required):			

Political Party	
Committee Name (required): (must include party affiliation)	Libertarian Party of Pima County
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 (if applicable)	I with Secretary of State ☐ Standing Committee (must also complete separate standing committee registration)



02/01/2024



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

## **COMMITTEE INFORMATION:**

	Committee's phone number (if any):	info@pimalp.org
Chairperson's Information:		
	Chairperson's mailing address (if different):	
	Chairperson's email address (required):	
	Chairperson's occupation (required):	
reasurer's Information:	Treasurer's name (required):	Wall and the second of the sec
	Treasurer's physical address (required):	1/1
	Treasurer's mailing address (if different):	\/
	Treasurer's email address (required):	
	Treasurer's phone number (required):	(000) 000 0000
	Treasurer's employer (required):	
	Treasurer's occupation (required):	
ank or Financial Institution:		
do not list acct numbers)		
hairperson or treasurer of the committee and authorize it to ampaign finance and reporti	erjury that the foregoing information is true e committee named herein, if applicable; (2) o receive/make contributions/expenditures or ing guide; (4) agree to comply with Arizona	designate the above-named committee as my official candidate my behalf, if applicable; (3) have read the Secretary of State's election law, including campaign finance laws codified at A.R.S.
declare under penalty of p hairperson or treasurer of th ommittee and authorize it to ampaign finance and reporti § 16-901 to 16-938; and (5)	perjury that the foregoing information is true e committee named herein, if applicable; (2) o receive/make contributions/expenditures or ing guide; (4) agree to comply with Arizona agree to accept all notifications and legal	e and correct. I further declare that I: (1) consent to serve as designate the above-named committee as my official candidate in my behalf, if applicable; (3) have read the Secretary of State's election law, including campaign finance laws codified at A.R.S. service of process for campaign finance purposes via the email Date:  Date: