itial Application mended Application	A LIZON	City of Tu COMMITTEE S OF ORGANI	FATEMENTZATIONCITY OF TUCSON	COMMITTEE ID NUMBER (office use only) 25-370-CT		
COMMITTEE TYPE (choose or	e):	2	RECEIVED 5 FEB 13 AM 11:48 OFFICE OF THE CITY CLERK			
Candidate     Committee Name (required):     (first or last name & office)	Fabian for Tucson					
Candidate Information:	Candidate's Name (requ	ired):	Fabian Danobeytia			
	Candidate's mailing address (required): 6502 S Melody Ave					
	Candidate's email address (required):fabiandano@disroot.org					
		per (required):	005 0055			
		ny):	In development	_		
Office Sought (choose one):	· ·					
Election Cycle for Office Soug			0005			
Party Affiliation: (required)	Democrat Libert	_	□ Other:			
sponsor's name) <i>Political Function</i> (optional): (select any that apply) <i>Sponsorship Information</i> :	Ballot Measure Exper	name (required):	Expenditures			
(if applicable)	Sponsor's mailing address (required): Sponsor's email address (required):					
	Sponsor's website (if any):					
<i>Special Status must be filed</i> (if applicable)		tanding Committee (must	also complete separate star	LLC, Partnership, or Union Iding committee registration) (amended applications only)		
Political Party						
<i>Committee Name</i> (required): (must include party affiliation)						
Jurisdiction:	<ul> <li>State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)</li> <li>County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)</li> <li>Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)</li> <li>City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)</li> </ul>					
<i>Special Status must be file</i> (if applicable)	d with Secretary of State	e Standing Com registration)	mittee (must also complete	separate standing committee		
				231492		



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

## COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):	6502 S. Melody Ave	
	Committee's email address (required):	fabiandano@disroot.org	
	Committee's phone number (if any):	305-9655	
	Committee's website (if any):		
Chairperson's Information:	Chairperson's name (required):		
	Chairperson's physical address (required):	6502 S Melody Ave	
	Chairperson's mailing address (if different):		
	Chairperson's email address (required):	fabiandano@disroot.org	
	Chairperson's phone number (required):	005 0055	
	Chairperson's employer (required):		
	Chairperson's occupation (required):		
Treasurer's Information:	Treasurer's name (required):	Alicia Danobeytia	
	Treasurer's physical address (required):		
	Treasurer's mailing address (if different):		
	Treasurer's email address (required):	lish308@gmail.com	
	Treasurer's phone number (required):		
	Treasurer's employer (required):		
	Treasurer's occupation (required):		
Bank or Financial Institution:	Bank name (required):		
(do not list acct numbers)			
	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: Fabian Danabergia	Date:	02/13/2025
Treasurer's signature:	Date:	02/13/2025
Candidate's signature (if applicable): Fabrian Andregtia	Date:	02/13/2025