

- ☒ Initial Application
☐ Amended Application

Date: 1/16/25



**City of Tucson
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

25-364-CT

COMMITTEE TYPE (choose one):

☐ **Candidate**

Committee Name (required): Lugo for Tucson
(first or last name & office)

Candidate Information:
Candidate's Name (required): Jesse Lugo
Candidate's mailing address (required): PO Box 2 663
Candidate's email address (required): LugoAZ@msn.com
Candidate's phone number (required): (520) 322-07 14
Candidate's website (if any): _____

Office Sought (choose one): ☐ Mayor ☒ Council Member, Ward 5

Election Cycle for Office Sought (year the election will take place) (required): 2025

Party Affiliation: (required) ☒ Democrat ☐ Libertarian ☐ Republican ☐ Other: _____

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☐ **Political Action Committee (PAC)**

Committee Name (required): _____
(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: (if applicable)
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 filed with Secretary of State (if applicable) ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
☐ 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 (if applicable) ☐ Standing Committee (must also complete separate standing committee registration)

231180
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City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

25-364-CT

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 26363
 Committee's email address (required): LugoAZ@msn.com
 Committee's phone number (if any): (520) 322-0714
 Committee's website (if any): _____

Chairperson's Information: ^{CO} Chairperson's name (required): Fred Fitzpatrick
 Chairperson's physical address (required): 2334 E Helen Street
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): fitz_robles11@msn.com
 Chairperson's phone number (required): (520) 403-7682
 Chairperson's employer (required): Retired
 Chairperson's occupation (required): Retired - Tucson Fire Department

Treasurer's Information: Treasurer's name (required): _____
 Treasurer's physical address (required): _____
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): _____
 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): _____
 Additional bank name (if applicable): _____

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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: 01-15-2025

Treasurer's signature: _____

Date: _____

Candidate's signature (if applicable): 

Date: 1-15-25

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City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

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Contact Information: Committee's mailing address (required): PO Box 26363
Committee's email address (required): LugoAZ@msn.com
Committee's phone number (if any): (520) 322-0714
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): F Ann Rodriguez
Chairperson's physical address (required): 3010 W Montage Vista Drive
Chairperson's mailing address (if different): _____
Chairperson's email address (required): fannr@cox.net
Chairperson's phone number (required): (520) 887-6911
Chairperson's employer (required): Retired
Chairperson's occupation (required): Retired - Pima County Recorder

Treasurer's Information: Treasurer's name (required): Celia Camargo
Treasurer's physical address (required): 422 N Avenida Felicidad
Treasurer's mailing address (if different): _____
Treasurer's email address (required): camargo_celia@yhoo.com
Treasurer's phone number (required): (520) 207-3836
Treasurer's employer (required): Bankers Title Service
Treasurer's occupation (required): Processor

Bank or Financial Institution: Bank name (required): Tucson Old Pueblo Credit Union
(do not list acct numbers) Additional bank name (if applicable): _____
Additional bank name (if applicable): _____

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Chairperson's signature: F. Ann Rodriguez

Date: 1-15-25

Treasurer's signature: Celia Camargo

Date: 1-15-2025

Candidate's signature (if applicable): Jesus Lugo

Date: 1-15-25

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Committee's email address (required): LugoAZ@msn.com
Committee's phone number (if any): (520) 322-0714
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Sixto Molina
Chairperson's physical address (required): 1251 S Quail Point Court
Chairperson's mailing address (if different): _____
Chairperson's email address (required): sixtomolina@gmail.com
Chairperson's phone number (required): (520) 449-3801
Chairperson's employer (required): Retired
Chairperson's occupation (required): Retired - Tucson Police Department

Treasurer's Information: Treasurer's name (required): _____
Treasurer's physical address (required): _____
Treasurer's mailing address (if different): _____
Treasurer's email address (required): _____
Treasurer's phone number (required): _____
Treasurer's employer (required): _____
Treasurer's occupation (required): _____

Bank or Financial Institution: Bank name (required): _____
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Chairperson's signature: _____

Sixto O. Molina

Date: JAN. 15, 2025

Treasurer's signature: _____

Date: _____

Candidate's signature (if applicable): _____

Jesus Lugo

Date: 1-15-25