



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

24-359-CT

CITY OF TUCSON RECEIVED 24DEC11 PM 3:14 OFFICE OF THE CITY CLERK

COMMITTEE TYPE (choose one): CTTY CLERK			
■ Candidate Committee Name (required): (first or last name & office)	Leighton for Ward 6		
•	Candidate's Name (required): Leighton H Rockafellow, Jr		
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	Laightan Daglefollow In Compiler		
	Candidate's email address (required): LeightonRockafellowJr@Gmail.com		
	Candidate's phone number (required): 520-349-3829		
(Candidate's website (if any): LeightonForWard6.com		
Office Sought (choose one):	☐ Mayor ☐ Council Member, Ward6		
Election Cycle for Office Sough	of (year the election will take place) (required):		
Party Affiliation:	■ Democrat □ Libertarian □ Republican □ Other:		
(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required):		
Special Status must be filed (if applicable)			
☐ Political Party			
Committee Name (required): (must include party affiliation)			
	☐ 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)	with Secretary of State Standing Committee (must also complete separate standing committee registration)		





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COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required):	PO Box 40261 Tucson, AZ 85717
		Committee's email address (required):	LeightonRockafellowJr@Gmail.com
		Committee's phone number (if any):	
		Committee's website (if any):	
	Chairperson's Information.	Chairperson's name (required):	Leighton H Rockafellow, Jr
	•	Chairperson's physical address (required):	0400 E Proodway Paulayard 95710
		Chairperson's mailing address (if different):	PO Box 40261 Tucson, AZ 85717
		Chairperson's email address (required):	LeightonRockafellowJr@Gmail.com
		Chairperson's phone number (required):	520-349-3829
		Chairperson's employer (required):	Rockafellow Law Firm
		Chairperson's occupation (required):	
	Treasurer's Information:	Treasurer's name (required):	
		Treasurer's physical address (required):	0400 E Decederate Divid 05740
		Treasurer's mailing address (if different):	DO Doy 40061 Tueson A7 05717
		Treasurer's email address (required):	III @Deeksfellevyl evy eem
		Treasurer's phone number (required):	EOO 7EO 1000
		Treasurer's employer (required):	Dealestalland and
		Treasurer's occupation (required):	- !! :
	Bank or Financial Institution:	Bank name (required):	Vantage West FCU
	(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: 12/11/2029

Treasurer's signature:

Date: 12/11/2024

Candidate's signature (if applicable):

Date: 12/11/2024