

- ☒ Initial Application  
☐ Amended Application

Date: 12/16/24



City of Tucson  
**COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

24-360-CT

COMMITTEE TYPE (choose one):

☐ Candidate

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

MIRANDA FOR WARD 6

Candidate Information:

Candidate's Name (required):

MIRANDA SCHUBERT

Candidate's mailing address (required):

914 E DRACHMAN ST

Candidate's email address (required):

ELECT@MIRANDA FORWARD6.COM

Candidate's phone number (required):

520-248-3165

Candidate's website (if any):

MIRANDA FORWARD6.COM

Office Sought (choose one):

☐ Mayor

☒

Council Member, Ward 6



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

2025

Party Affiliation:  
(required)

☒ Democrat

☐ Libertarian

☐ Republican

☐ Other: \_\_\_\_\_

☐ Political Action Committee (PAC)

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

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)

24 DEC 16 AM 11:50  
OFFICE OF THE  
CITY CLERK  
CITY OF TUCSON  
RECEIVED

- ☒ Initial Application  
☐ Amended Application

Date: 12/16/24



# City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

24-360-CT

## COMMITTEE INFORMATION:

### Contact Information:

Committee's mailing address (required): 914 E DRACHMAN ST  
 Committee's email address (required): MIRANDA.FORWARD6@GMAIL.COM  
 Committee's phone number (if any): 520-248-3165  
 Committee's website (if any): MIRANDA.FORWARD6.COM

### Chairperson's Information:

Chairperson's name (required): CHARLES POSTER  
 Chairperson's physical address (required): 1336 E. 12<sup>th</sup> ST, TUCSON AZ  
 Chairperson's mailing address (if different): 11 85719  
 Chairperson's email address (required): cposter@pmm.design  
 Chairperson's phone number (required): 520-861-6320  
 Chairperson's employer (required): POSTER MERTO McDONALD, INC  
 Chairperson's occupation (required): ARCHITECT

### Treasurer's Information:

Treasurer's name (required): Ana Marquez  
 Treasurer's physical address (required): 5217 S. BLOOMFIELD DR.  
 Treasurer's mailing address (if different): SAME  
 Treasurer's email address (required): ana@bradman.us  
 Treasurer's phone number (required): (520) 243-9484  
 Treasurer's employer (required): BR Admin Svcs, LLC  
 Treasurer's occupation (required): OWNER

### Bank or Financial Institution: (do not list acct numbers)

Bank name (required): VANTAGE WEST  
 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: 12/16/24

Treasurer's signature: \_\_\_\_\_

Date: 12/16/24

Candidate's signature (if applicable): \_\_\_\_\_

Date: 12/16/24

- ☒ Initial Application  
☐ Amended Application

Date: 12/16/24



**City of Tucson  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

24-360-CT

COMMITTEE TYPE (choose one):

☐ **Candidate**

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

Miranda for Ward 6

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:  
(required)

☐ Democrat

☐ Libertarian

☐ Republican

☐ Other: \_\_\_\_\_

☐ **Political Action Committee (PAC)**

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

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)



- ☒ Initial Application  
☐ Amended Application

Date: 12/16/24



**City of Tucson  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

24-360-CT

**COMMITTEE INFORMATION:**

**Contact Information:**

Committee's mailing address (required): \_\_\_\_\_

Committee's email address (required): \_\_\_\_\_

Committee's phone number (if any): \_\_\_\_\_

Committee's website (if any): \_\_\_\_\_

**Co-Chairperson's Information**

Co-Chairperson's name (required): Carolyn Campbell

Co-Chairperson's physical address (required): 1216 N. 3rd Ave T/A2 05

Co-Chairperson's mailing address (if different): Same

Co-Chairperson's email address (required): carolyncampbell999@gmail.com

Co-Chairperson's phone number (required): 520.629.0525 cell/home

Co-Chairperson's employer (required): Retired

Co-Chairperson's occupation (required): n/a

**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:**  
 (do not list acct numbers)

Bank name (required): \_\_\_\_\_

Additional bank name (if applicable): \_\_\_\_\_

Additional bank name (if applicable): \_\_\_\_\_

CITY OF TUCSON  
 RECEIVED  
 24 DEC 16 AM 11:50  
 OFFICE OF THE  
 CITY CLERK

**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: \_\_\_\_\_

Carolyn Campbell

Date: \_\_\_\_\_

12-16-24

Treasurer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate's signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_