#### Initial Application ☐ Amended Application

(if applicable)



### City of Tucson **COMMITTEE STATEMENT** OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

25-371-CT

### COMMITTEE TYPE (choose one):

**CITY OF TUCSON RECEIVED** 25 MAR 14 PM 10:11

OFFICE OF THE ☐ Candidate **CITY CLERK** Committee Name (required): (first or last name & office) Candidate Information: Candidate's Name (required): Candidate's mailing address (required): Candidate's email address (required): Sadieforward 30 qmail.com Candidate's phone number (required): Candidate's website (if any): Council Member, Ward Election Cycle for Office Sought (year the election will take place) (required): Party Affiliation: Democrat ☐ Libertarian ☐ Republican Other:\_ (required) ☐ Political Action Committee (PAC) Committee Name (required): (if sponsored, must include sponsor's name) ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures (select any that apply) Sponsorship Information: Sponsor's name or nickname (required): \_\_\_ (if applicable) 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 ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union ☐ Standing Committee (must also complete separate standing committee registration) (if applicable) ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) ☐ 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) Jurisdiction: ☐ 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 ☐ Standing Committee (must also complete separate standing committee

registration)

# Initial Application Amended Application



## City of Tucson COMMITTEE STATEMENT **OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

25-371-CT

### COMMITTEE INFORMATION:

| On the state of the state of   | Committee's mailing address (required): Lais F Flan St. Tucson, AZ 85705  |
|--------------------------------|---|
| Contact Information:           | Committee's mailing address (required): 615 E. Elm St. Tucson, AZ 35705  Committee's email address (required): Sacheforward 30 gmail.cm |
|                                | Committee's email address (required): Sacrafor ward 50 X V Survey   |
|                                | Committee's phone number (if any): 520-448-8663   |
|                                | Committee's website (if any):   |
| Chairperson's Information:     | Chairperson's name (required): Sadie Shaw   |
|                                | Chairperson's physical address (required): 615 E. Elm ST. 10Cson; A285705   |
|                                | Chairperson's mailing address (if different):   |
|                                | Chairperson's email address (required): Sadieforward 30gmail.com  |
|                                | Chairperson's phone number (required): 520-448-8665   |
|                                | Chairperson's employer (required): Arts Foundation for Tucson+Southern AZ   |
|                                | Chairperson's occupation (required): Arts Administrator   |
| Treasurer's Information:       | Treasurer's name (required): Amber Clark  |
|                                | Treasurer's physical address (required): 239 N. Silver bell Rd. Tucson, A285745   |
|                                | Treasurer's mailing address (if different):   |
|                                | Treasurer's email address (required): <u>Ambercal a equal-com</u>   |
|                                | Treasurer's phone number (required): 520 - 270 - 0159   |
|                                | Treasurer's employer (required): Tucson Unified School District   |
|                                | Treasurer's occupation (required): Substitute Teacher   |
| Bank or Financial Institution: | Bank name (required):   |
| (do not list acct numbers)     | 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 emal address(es) provided herein. |
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|--|

Chairperson's signature:

Treasurer's signature:

Candidate's signature (if applicable):