

- ☐ Initial Application
☒ Amended Application

Date: 3/25/2025



**City of Tucson
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)

25-371-CT

**CITY OF TUCSON
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 CITY CLERK**

COMMITTEE TYPE (choose one):

☒ **Candidate**

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

Sadie for Ward 3

Candidate Information:

Candidate's Name (required): Sadie Shaw

Candidate's mailing address (required): 615 E Elm ST Tucson, AZ 85705

Candidate's email address (required): Sadieforward3@gmail.com

Candidate's phone number (required): 520-448-8665

Candidate's website (if any): Sadieforward3.com

Office Sought (choose one): ☐ Mayor

☒ Council Member, Ward 3

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)

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City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 405 E. Wetmore, STE 117, #198 Tucson, AZ 85705Committee's email address (required): Sadieforward3@gmail.comCommittee's phone number (if any): 520-448-8665Committee's website (if any): Sadieforward3.com

Chairperson's Information:

Chairperson's name (required): Sadie ShawChairperson's physical address (required): 605 E Elm St. Tucson, AZ 85705

Chairperson's mailing address (if different): _____

Chairperson's email address (required): Sadieforward3@gmail.comChairperson's phone number (required): 520-448-8665Chairperson's employer (required): Arts Foundation for Tucson + Southern AZChairperson's occupation (required): Arts Administrator

Treasurer's Information:

Treasurer's name (required): Amber ClarkTreasurer's physical address (required): 239 N. Silverbell RD Tucson, AZ 85745

Treasurer's mailing address (if different): _____

Treasurer's email address (required): ambercc1a@gmail.comTreasurer's phone number (required): 520-270-0159Treasurer's employer (required): Tucson Unified School DistrictTreasurer's occupation (required): Substitute Teacher

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

Bank name (required): Vantage West Credit Union

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: 3/24/25

Treasurer's signature: _____

Date: 3/24/25

Candidate's signature (if applicable): _____

Date: 3/24/25