☐ Initial Application
☐ Amended Application

Date: 02/13/2019



# City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):

| Candidate   | Miguel Ortega for Council   |                         |  |                               |   |  |
|---|---|-------------------------|--|-------------------------------|---|--|
| irst or last name & office)                                   |   |                         |  |                               |   |  |
| Candidate Information:  | Candidate's Name (required): Miguel Ortega  Candidate's mailing address (required): 1546 North Old Ranch Road, Tucson, AZ  Candidate's email address (required): campaign@ortegaforcouncil.com  Candidate's phone number (required): 520-308-2069 |                         |  |                               |   |  |
|   |   |                         |  | Candidate's website (if any): |   |  |
|   |   |                         |  | Office Sought (choose one):   | □ Mayor ■ Council Member, Ward1                     |  |
|   |   |                         |  | Election Cycle for Office Sou | ght (year the election will take place) (required): |  |
|   | Party Affiliation:  | ■ Democrat              |  |                               |   |  |
| required)   |   | 5                       |  |                               |   |  |
|   |   |                         |  |                               |   |  |
| ☐ Political Action Com  | nittee (PAC)  |                         |  |                               |   |  |
| . ==/   | initiee (FAO)   | 20 <b>ज</b>             |  |                               |   |  |
| if sponsored, must include sponsor's name)                    |   | W 7                     |  |                               |   |  |
| Political Function (optional):                                | ☐ Contributions ☐ Candidate-Related Independent Expenditures  | N. N. S.                |  |                               |   |  |
| select any that apply)  | ☐ Ballot Measure Expenditures ☐ Recall Expenditures   | $\infty$                |  |                               |   |  |
| 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 file                                   |   |                         |  |                               |   |  |
| if applicable)  | ☐ Standing Committee (must also complete separate stan  |                         |  |                               |   |  |
|   | ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (  | amended applications of |  |                               |   |  |
|   |   |                         |  |                               |   |  |
| ☐ Political Party   |   |                         |  |                               |   |  |
| Committee Name (required):<br>(must include party affiliation |   |                         |  |                               |   |  |
| Jurisdiction:   | ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801  |                         |  |                               |   |  |
|   | □ 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)  |                         |  |                               |   |  |
|   | ☐ Legislative District Party (must include proof of organization pursuant to A.R. ☐ City or Town Party (must include proof of qualification pursuant to A.R.S. §  |                         |  |                               |   |  |
| Special Status must be file                                   |   |                         |  |                               |   |  |
| if applicable)  | registration)   | soparate standing comm  |  |                               |   |  |

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COMMITTEE ID NUMBER (office use only)

### COMMITTEE INFORMATION:

| Contact Information:           | Committee's mailing address (required): _    | 1505 W. St. Mary's Rd. #208   |
|--------------------------------|--|-------------------------------|
|                                | Committee's email address (required):        | campaign@ortegaforcouncil.com |
|                                | Committee's phone number (if any):           | 520-308-2069                  |
|                                | Committee's website (if any):                | 0                             |
| Chairperson's Information:     | Chairperson's name (required):               |                               |
|                                | Chairperson's physical address (required):   |                               |
|                                | Chairperson's mailing address (if different) | 1505 W. St. Mary's Rd. #208   |
|                                | Chairperson's email address (required): _    | campaign@ortegaforcouncil.com |
|                                | Chairperson's phone number (required): _     |                               |
|                                | Chairperson's employer (required):           |                               |
|                                | Chairperson's occupation (required):         | Retired                       |
| Treasurer's Information:       | Treasurer's name (required):                 | Wenona Baldenegro             |
|                                | Treasurer's physical address (required): _   | 803 E. 7th St.                |
|                                | Treasurer's mailing address (if different):  | 1505 W. St. Mary's Rd. #208   |
|                                | Treasurer's email address (required):        | campaign@ortegaforcouncil.com |
|                                | Treasurer's phone number (required):         |                               |
|                                | Treasurer's employer (required):             |                               |
|                                | Treasurer's occupation (required):           |                               |
| Bank or Financial Institution: | Bank name (required):                        | Vantage West Credit Union     |
| (do not list acct numbers)     | 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: 02/13/19

Treasurer's signature:

Date: 02/13/19

Candidate's signature (if applicable):

Date: 02/13/19

CITY OF TUCSO

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