

- Initial Application
- Amended Application

Date: 10/11/2020



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

20-319-CT

COMMITTEE TYPE (choose one):

Candidate

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

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: \_\_\_\_\_

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 CLERK OF THE CITY

Political Action Committee (PAC)

Committee Name (required): Recall Regina 2020  
(if sponsored, must include sponsor's name)

Political Function (optional):  Contributions  Candidate-Related Independent Expenditures  
(select any that apply)  Ballot Measure Expenditures  Recall Expenditures

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 (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: 9/29/2020



**City of Tucson  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
20-319-CT

**COMMITTEE INFORMATION:**

*Contact Information:* Committee's mailing address (required): P.O. Box 12792, Tucson, AZ 85732  
 Committee's email address (required): Rera@Regina2020@gmail.com  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): \_\_\_\_\_

*Chairperson's Information:* Chairperson's name (required): Joseph Morgan  
 Chairperson's physical address (required): 2545 N. Rising Star Trail, Tucson 85745  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): Commonsensemorgan@gmail.com  
 Chairperson's phone number (required): 520-307-5586  
 Chairperson's employer (required): Pima Community College (PCC)  
 Chairperson's occupation (required): Support Technician

*Treasurer's Information:* Treasurer's name (required): Dawn A. Polotto  
 Treasurer's physical address (required): 7680 E. Broadway Blvd. #358 Tucson, AZ 85720  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): ckpolotto@gmail.com  
 Treasurer's phone number (required): 520-870-2330  
 Treasurer's employer (required): Craycroft Auto Sales  
 Treasurer's occupation (required): Office Manager

*Bank or Financial Institution:* Bank name (required): Alliance Bank of Arizona  
 (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 email address(es) provided herein.

Chairperson's signature: Joseph Morgan Date: 09/29/2020  
 Treasurer's signature: Dawn A. Polotto Date: 09/29/2020  
 Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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