

- Initial Application  
 Amended Application

Date: 3/26/21



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

17-271-CT

**CITY OF TUCSON  
RECEIVED  
21 MAR -26 PM 1:00  
OFFICE OF THE  
CITY CLERK**

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: \_\_\_\_\_

**Political Action Committee (PAC)**

Committee Name (required): \_\_\_\_\_ Tucson Metro Chamber PAC  
(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): \_\_\_\_\_ Tucson Metropolitan Chamber of Commerce  
(if applicable) Sponsor's mailing address (required): \_\_\_\_\_ PO Box 991  
Sponsor's email address (required): \_\_\_\_\_ swilka@tucsonchamber.org  
Sponsor's phone number (if any): \_\_\_\_\_ (520) 792-2250  
Sponsor's website (if any): \_\_\_\_\_ www.tucsonchamber.org

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)

**17-271-CT**

**COMMITTEE INFORMATION:**

*Contact Information:* Committee's mailing address (required): \_\_\_\_\_ PO Box 991  
 Committee's email address (required): \_\_\_\_\_ swilka@tucsonchamber.org  
 Committee's phone number (if any): \_\_\_\_\_ (520) 792-2250  
 Committee's website (if any): \_\_\_\_\_ www.tucsonchamber.org

*Chairperson's Information:* Chairperson's name (required): \_\_\_\_\_ Tim Medcoff  
 Chairperson's physical address (required): \_\_\_\_\_ 100 S. Church Avenue #100  
 Chairperson's mailing address (if different): \_\_\_\_\_ PO Box 991, Tucson, AZ 85702  
 Chairperson's email address (required): \_\_\_\_\_ tmedcoff@fmlaw.law  
 Chairperson's phone number (required): \_\_\_\_\_ (520) 790-5433  
 Chairperson's employer (required): \_\_\_\_\_ Farhang & Medcoff  
 Chairperson's occupation (required): \_\_\_\_\_ Attorney

*Treasurer's Information:* Treasurer's name (required): \_\_\_\_\_ T. Vanhook Schuld  
 Treasurer's physical address (required): \_\_\_\_\_ 3501 N. Mountain Avenue  
 Treasurer's mailing address (if different): \_\_\_\_\_ PO Box 991; Tucson, AZ 85702  
 Treasurer's email address (required): \_\_\_\_\_ tvanhook@habitattucson.org  
 Treasurer's phone number (required): \_\_\_\_\_ (520) 326-1217  
 Treasurer's employer (required): \_\_\_\_\_ Habitat for Humanity Tucson  
 Treasurer's occupation (required): \_\_\_\_\_ CEO

*Bank or Financial Institution:* Bank name (required): \_\_\_\_\_ Pacific Premier Bank  
 (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: \_\_\_\_\_

Date: 3/26/21

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

Date: 3/26/21

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

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

O-File  
214258