	al Application
Ame	ended Application
Date:	5/10/21



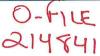
City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

21-330·CT

COMMITTEE TYPE (choose one):

Candidate Committee Name (required): 11 Alsha Tacson Lal Romero for City Commo.	7
Committee Name (required): 1/8/19 /40000 // 1/00/10/00 to CITY (0 m/C)	I
(first or last name & office)	: 1
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: ☐ Democrat ☐ Libertarian ☐ Republican ☐ Other: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	RECE!
□ Political Action Committee (PAC)	80
Committee Name (required): (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 website (if any):	
Special Status must be filed with Secretary of State	n)
□ 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)	iee







City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):
	Committee's email address (required):
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required):
	Chairperson's physical address (required):
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required):
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's physical address (required): Bridget Dovan Treasurer's physical address (required): 1
	Treasurer's physical address (required): 621 W. Cassidy Place Ovo Valley 8573
	Treasurers maining address (if different).
	Treasurer's email address (required):
	Treasurer's phone number (required): 612 - 418-280)
	Treasurer's employer (required): Self-employed
	Treasurer's occupation (required): business systems consultant
Bank or Financial Institution:	Bank name (required):
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):
chairperson or treasurer of th committee and authorize it to campaign finance and reporti	erjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email
Chairperson's signature: Date:	
Treasurer's signature:	Date: 5/10/2021
Candidate's signature (if appli	cable): 101 Date: 3 100 /21