

- Initial Application
- Amended Application

Date: 2/1/2019



**City of Tucson
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

19-301-CT

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Randi Dorman for Mayor
(first or last name & office)

Candidate Information: Candidate's Name (required): Randi Dorman
Candidate's mailing address (required): 1001 E 17th St. #125, Tucson, 85719
Candidate's email address (required): randidorman1@gmail.com
Candidate's phone number (required): (520) 904-4242
Candidate's website (if any): randiformayor.com

Office Sought (choose one): Mayor Council Member, Ward _____

Election Cycle for Office Sought (year the election will take place) (required): 2019

Party Affiliation: (required) Democrat Libertarian Republican Other: _____

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 CITY OF TUCSON
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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

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(office use only)

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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 1001 E 17th St. #125
Committee's email address (required): randidorman1@gmail.com
Committee's phone number (if any): (520) 904-4242
Committee's website (if any): randiformayor.com

Chairperson's Information: Chairperson's name (required): Catherine J. Morton
Chairperson's physical address (required): 526 S. Stone Ave., Tucson, AZ 85701
Chairperson's mailing address (if different): PO Box 751 Tucson, AZ 85702
Chairperson's email address (required): cjm@homestylegalleries.com
Chairperson's phone number (required): (520) 444-9980
Chairperson's employer (required): self
Chairperson's occupation (required): small business owner

Treasurer's Information: Treasurer's name (required): David Cohen
Treasurer's physical address (required): 4958 E Garrison Court, Tucson, AZ 85712
Treasurer's mailing address (if different): C/o BeachFleischman PC, 1985 E River Rd Ste 201, Tucson, AZ 85718-7176
Treasurer's email address (required): Dcohen@beachfleischman.com
Treasurer's phone number (required): (520) 321-4600
Treasurer's employer (required): BeachFleischman PC
Treasurer's occupation (required): Certified Public Accountant

Bank or Financial Institution: Bank name (required): National 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: Catherine J. Morton Date: 01/31/19

Treasurer's signature: David Cohen Date: 1/31/19

Candidate's signature (if applicable): Randi Dorman Date: 1/31/19

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CITY CLERK

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City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

19-301-CT

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): Stephen E Quinlan
 Chairperson's physical address (required): 2230 E Ambassador Ct., Tucson, AZ 85719
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): SQuinlanWCH@gmail.com
 Chairperson's phone number (required): (520) 906-0620
 Chairperson's employer (required): Self Employed
 Chairperson's occupation (required): Investments


Treasurer's Information: Treasurer's name (required): _____
 Treasurer's physical address (required): _____
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): _____
 Treasurer's phone number (required): _____
 Treasurer's employer (required): _____
 Treasurer's occupation (required): _____

Bank or Financial Institution: Bank name (required): _____
 (do not list acct numbers) Additional bank name (if applicable): _____
 Additional bank name (if applicable): _____

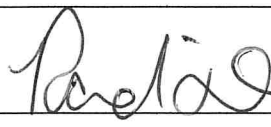
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 CITY STAFF
 CITY STAFF

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Chairperson's signature:  Date: 2/1/19

Treasurer's signature: _____ Date: _____

Candidate's signature (if applicable):  Date: 2/1/19