Date:

01/26/2017



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
17-267-CT

| □ Candidate | | | | | |
|---|--|--|------------------|--|--|
| Committee Name (required): first or last name & office) | Frank Konarski for Mayor of Tucson 2019 or Sooner | | | | |
| | Candidate's Name (required): | Frank Konarski | | | |
| | Candidate's mailing address (required):450 West Dakota Street, Tucson , AZ 85706 | | 06 | | |
| | Candidate's email address (required):FrankKonarskiaz@gmail.com | | | | |
| | Candidate's phone number (requi | | | | |
| | Candidate's website (if any): | | | | |
| Office Sought (choose one): | ■ Mayor □ Council Member | r, Ward | | | |
| Election Cycle for Office Soug | ght (year the election will take place | e) (required):2019 or Sooner | | | |
| Party Affiliation: required) | ☐ Democrat ☐ Libertarian | ■ Republican Other: | 0 | | |
| | | 0-4 | Garage Garage | | |
| | | ===================================== | - R | | |
| ☐ Political Action Com | mittee (PAC) | | | | |
| Committee Name (required): if sponsored, must include sponsor's name) | | | SG | | |
| Political Function (optional): | ☐ Contributions ☐ Candid | date-Related Independent Expenditures | | | |
| select any that apply) | □ Ballot Measure Expenditures | ☐ Recall Expenditures | i e | | |
| Sponsorship Information: | Sponsor's name or nickname (rec | quired): | | | |
| (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 (if applicable) | ☐ Standing (| Separate Segregated Fund of a Corporation, LLC, Partners Committee (must also complete separate standing committed de proof of Mega PAC status to filing officer) (amended app | ee registration) | | |
| ☐ 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 file (if applicable) | ed with Secretary of State | ☐ Standing Committee (must also complete separate stan registration) | ding committee | | |

| Initial Application |
|----------------------------|
| Amended Application |

Date: 01/26/2017



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

| Contact Information: | Committee's mailing address (required): | 450 West Dakota Street, Tucson, | AZ 85706 |
|--|---|--|---|
| | Committee's email address (required): | Franklan analda - O il | |
| | Committee's phone number (if any): | (FOO) 74C OFC4 | |
| | Committee's website (if any): | | |
| Chairperson's Information: | Chairperson's name (required): | | *************************************** |
| onarperson's monnation. | Chairperson's physical address (required): | | , AZ 85706 |
| | Chairperson's mailing address (if different): | | |
| | Chairperson's email address (required): | JohnKonarskiaz@gmail.co | om |
| | Chairperson's phone number (required): | (520) 746-0564 | |
| | Chairperson's employer (required): | | |
| | Chairperson's occupation (required): | | |
| Treasurer's Information: | Treasurer's name (required): | | |
| rreasurers information: | Treasurer's physical address (required): | 450 West Dakota Street Tucson | Δ7 86706 |
| | | | , = 00700 |
| | Treasurer's mailing address (if different): | F!-FI/!! | |
| | Treasurer's email address (required): | (500) 510 0501 | JIII |
| | Treasurer's phone number (required): | 0.1. | |
| | Treasurer's employer (required): | 01.1.1 | |
| | Treasurer's occupation (required): | 10 STATE OF THE ST | |
| | Bank name (required): | | |
| (do not list acct numbers) | Additional bank name (if applicable): Additional bank name (if applicable): | | |
| | Additional bank name (ii applicable). | - | |
| | | <u>0</u> | 70-4 |
| ECLARATION AND SIGNATURES: | | 75 | AN CO |
| | | Om | 2 = = |
| I declare under penalty of r | perjury that the foregoing information is true | and correct I further debite that It (| |
| chairperson or treasurer of the | ne committee named herein, if applicable: (2) | designate the above-named committee: | asuny official candi |
| committee and authorize it to campaign finance and report | o receive/make contributions/expenditures or ing guide; (4) agree to comply with Arizona | my behalf, if applicable; (3) have read telection law including campaign finance | Secretary of Sta |
| §§ 16-901 to 16-938; and (5 address(es) provided herein. | agree to accept all notifications and legal s | service of process for campaign finance | purposes via the e |
| address(es) provided nerein. | \sim 1 | | |
| (| | | |
| Chairperson's signature: | John Monnight | Date: 1/86/8 | 017 |
| 13. | | | |
| | 100000 | 7, , | |
| Treasurer's signature: | 1 Mill 2 Frage | Date: 126/80 | 17 |
| | | | |
| | A The | Date: <u>1/26/80</u> | 7 |
| Candidate's signature (if app | licable): | Date: <u>1/ &6 /&/</u> | 1/ |
| | 1// | | |
| | //// | | |
| /. | | | |
| <i>V</i> | | | |