Initial ApplicationAmended Application

Date: 1/23/19



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

19-298-CT

81

Candidate				
Committee Name (required): (first or last name & office)	Miguel Ortega for Council			
Candidate Information:	Candidate's Name (required):			
Office Sought (choose one):	4			
Election Cycle for Office Soug	ght (year the election will take place) (required):2019			
Party Affiliation: required)	■ Democrat □ Libertarian □ Republican □ Other:			
		5		
☐ Political Action Comm				
Committee Name (required): if sponsored, must include sponsor's name)		2		
Political Function (optional): select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures	PI2:32	()	
Sponsorship Information: if applicable)	Sponsor's name or nickname (required):			
Special Status must be filed f applicable)	with Secretary of State ☐ Separate Segregated Fund of a Corporation ☐ Standing Committee (must also complete separate st. ☐ Mega PAC (must provide proof of Mega PAC status to filing officer	anding committee reg	gistration)	
☐ Political Party				
Committee Name (required): must include party affiliation)				
lurisdiction:	□ State Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ County Party (must include proof of qualification pursuant to A.R.S. § 16-8 □ Legislative District Party (must include proof of organization pursuant to A.R.S. □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-80 □ City or Town Party	802 or § 16-804) a.R.S. § 16-823)	,	

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COMMITTEE ID NUMBER (office use only)

9-298-CT 8

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):	1505 W. St. Mary's Rd. #208	
*	Committee's email address (required):	OrtegaforCouncil@gmail.com	
	Committee's phone number (if any):		 a
	Committee's website (if any):		_
Chairperson's Information:	Chairperson's name (required):	Margaret McKenna	
	Chairperson's physical address (required):	1019 West Ontario St.	
	Chairperson's mailing address (if different):		_
		OrtegaforCouncil@gmail.com	_
	Chairperson's phone number (required):	520-342-4100	
	Chairperson's employer (required):	Retired	_
	Chairperson's occupation (required):		
	Treasurer's name (required):	Wenona Baldenegro	-
	Treasurer's physical address (required):	803 E. 7th St.	
	Treasurer's mailing address (if different):	1505 W. St. Mary's Rd. #208	
	Treasurer's email address (required):	OrtegaforCouncil@gmail.com	_
	Treasurer's phone number (required):		_
	Treasurer's employer (required):		_
	Treasurer's occupation (required):		_
Bank or Financial Institution:	First Cradit Union		_
(do not list acct numbers)	Additional bank name (if applicable):		_
	Additional bank name (if applicable):		- 5
			50-
ECLARATION AND SIGNATI	URES:		
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chairperson or treasurer of th committee and authorize it to campaign finance and reporti	e committee named herein, if applicable; (2) of receive/make contributions/expenditures on ing guide; (4) agree to comply with Arizona elegate to accept all notifications and legal se	and correct. I further declare that (1) consent to see designate the above-named committee as my official carmy behalf, if applicable; (3) have read the Secretary of lection law, including campaign finance laws codified at ervice of process for campaign finance purposes via the	ndidate State's A.R.S.
Chairperson's signature:	Bred (C)	Date:	
Candidate's signature (if appli	icable): Mught Int	Date:1/23/19	