

- Initial Application
- Amended Application



**City of Tucson
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

17-270-CT

Date: _____

*Amended to reflect change
in email addresses. so*

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Michael Oatman For Tucson Ward 6
(first or last name & office)

Candidate Information: Candidate's Name (required): Michael Oatman
Candidate's mailing address (required): PO Box 304, Tucson, Arizona.
Candidate's email address (required): wardsix@MichaelOatman.info
Candidate's phone number (required): (520)302-5465
Candidate's website (if any): MichaelOatman.info

Office Sought (choose one): Mayor Council Member, Ward 6

Election Cycle for Office Sought (year the election will take place) (required): 2017

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

Political Action Committee (PAC)

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 phone number (if any): _____
Sponsor's website (if any): _____

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CITY CLERK

Special Status must be filed with Secretary of State Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable) 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 Standing Committee (must also complete separate standing committee registration)
(if applicable)

*0-File
x-CFA
192847*

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**City of Tucson
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

17-270-CT

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Box 304, Tucson, Arizona. 85702.
 Committee's email address (required): wardsix@MichaelOatman.info
 Committee's phone number (if any): (520) 302-5465
 Committee's website (if any): MichaelOatman.info

Chairperson's Information: Chairperson's name (required): Mark Garza
 Chairperson's physical address (required): 2416 N Sonoita Pl, Tucson, AZ.
 Chairperson's mailing address (if different): PO Box 304, Tucson, Arizona. 85702.
 Chairperson's email address (required): mark@MichaelOatman.info
 Chairperson's phone number (required): (520) 302-5465
 Chairperson's employer (required): Garza Enterprises
 Chairperson's occupation (required): General Contractor

Treasurer's Information: Treasurer's name (required): Michael Oatman
 Treasurer's physical address (required): 2731 N Fair Oaks Ave, Tucson, Arizona.
 Treasurer's mailing address (if different): PO Box 304, Tucson, Arizona.
 Treasurer's email address (required): treasurer@MichaelOatman.info
 Treasurer's phone number (required): (520) 302-5465
 Treasurer's employer (required): Internet Convenience Store, L.L.C.
 Treasurer's occupation (required): Webmaster, Consultant

Bank or Financial Institution: Bank name (required): Pyramid Federal Credit Union
 (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: *Mark Garza* Date: 5/3/17

Treasurer's signature: MICHAEL OATMAN Date: 3 MAY 2017

Candidate's signature (if applicable): See Above Date: _____

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