	Initial Application
X	Amended Application

Date: 2 June 2017
Amended to reflect
change in Chair person.

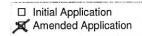
City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

17-270-CT

COMMITTEE TYPE (choose one):

☑ Candidate			
Committee Name (required): (first or last name & office)	: Michael Oatman For Tucson Ward 6		
Candidate Information:	Candidate's Name (required): Michael Oatman		
	Candidate's mailing address (required): PO Box 304, Tucson Arizoba.		
	Candidate's email address (required): wardsix@MichaelQatman.info		
a .	(F20)202 F46F		
	Michael Optropolista		
	Candidate's website (if any):MICNAEIOatman.Info		
Office Sought (choose one):	□ Mayor ☑ Council Member, Ward 6		
Election Cycle for Office Soug	ght (year the election will take place) (required):		
Party Affiliation: (required)	□ Democrat □ Libertarian □ Republican ☒ Other: Green Party		
s			
□ Political Action Comm			
Committee Name (required): (if sponsored, must include sponsor's name)			
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures		
	☐ Ballot Measure Expenditures ☐ Recall Expenditures		
(select any that apply)	a ballot Measure Experialitares		
Sponsorship Information: (if applicable)	Sponsor's name or nickname (required): Sponsor's mailing address (required):		
Sponsorship Information:	Sponsor's name or nickname (required):		
Sponsorship Information:	Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any):		
Sponsorship Information:	Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):		
Sponsorship Information:	Sponsor's name or nickname (required):		
Sponsorship Information: (if applicable) Special Status must be filed	Sponsor's name or nickname (required):		
Sponsorship Information: (if applicable) Special Status must be filed (if applicable)	Sponsor's name or nickname (required):		
Sponsorship Information: (if applicable) Special Status must be filed (if applicable) Political Party Committee Name (required):	Sponsor's name or nickname (required):		
Sponsorship Information: (if applicable) Special Status must be filed (if applicable) Political Party Committee Name (required): (must include party affiliation	Sponsor's name or nickname (required):		
Sponsorship Information: (if applicable) Special Status must be filed (if applicable) Political Party Committee Name (required): (must include party affiliation	Sponsor's name or nickname (required):		
Sponsorship Information: (if applicable) Special Status must be filed (if applicable) Political Party Committee Name (required): (must include party affiliation	Sponsor's name or nickname (required):		



Date: 2 JUNE 2017



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):	PO Box 304, Tucson, Arizona. 85702.
S CK	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):	Franklin D. Van Ardoy Jr.
200	Chairperson's physical address (required)	1526 W Wetmore Rd, Tucson, AZ 85705.
	Chairperson's mailing address (if different	:PO Box 304, Tucson, Arizona. 85702.
	Chairperson's email address (required): _	chair@MichaelOatman.info
	Chairperson's phone number (required): _	(520) 302-5465
	Chairperson's employer (required):	Retired
	Chairperson's occupation (required):	Former Lecturer
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 SIGNAT	URES:	
chairperson or treasurer of the committee and authorize it to campaign finance and report	Te committee named herein, if applicable; (or receive/make contributions/expenditures or ing guide; (4) agree to comply with Arizona) agree to accept all notifications and lega	ue and correct. I further declare that I: (1) consent to serve as 2) designate the above-named committee as my official candidate on my behalf, if applicable; (3) have read the Secretary of State's a election law, including campaign finance laws codified at A.R.S. I service of process for campaign finance purposes via the email
Chairperson's signature:	Sucht 2 Un and	Date: 1 June 2017
Treasurer's signature:	MICHEL COM	Date: 1 June 2017
Candidate's signature (if appl	licable):See Above	and standard very Date: