2	Initial Application Amended Application
	4 ° 1

Date: 11/27/18



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

18-286-CT

OMMITTEE TYPE (choose or	ie):	
☐ Candidate		
Committee Name (required): (first or last name & office)		~ CO
Candidate Information:	Candidate's Name (required):	
	Candidate's mailing address (required):	and the second second
	Candidate's email address (required):	
	Candidate's phone number (required):	
	Candidate's website (if any):	
		34
Office Sought (choose one):	☐ Mayor ☐ Council Member, Ward	4
Election Cycle for Office Soug	tht (year the election will take place) (required):	
Party Affiliation: required)	☐ Democrat ☐ Libertarian ☐ Republican ☐ Other: _	
Committee Name (required): if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: if applicable)  Special Status must be filed if applicable)	Contributions	a Corporation, LLC, Partnership, or Union e separate standing committee registration)
☐ Political Party  Committee Name (required): must include party affiliation)		
Jurisdiction:	□ State Party (must include proof of qualification pursuant to A. □ County Party (must include proof of qualification pursuant to D. □ Legislative District Party (must include proof of organization □ City or Town Party (must include proof of qualification pursuant)	A.R.S. § 16-802 or § 16-804) oursuant to A.R.S. § 16-823)
Special Status must be filed if applicable)	I with Secretary of State ☐ Standing Committee (must a registration)	also complete separate standing committee

	al Application ended Application
Date: _	11/27/18



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

18-286-CT

## COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 738 U.S	th Am Trum 107 857	ic/
Contact Information.	9	analysis Comments	70
	Committee's email address (required): 2ava (		79
	Committee's phone number (if any): 570 585	1	0
Chairparaan'a Information	Committee's website (if any): www. peoples d		
Chairperson's Information:		miliana Livier	1050
		Country CIDB Pat 70 8	571
	Chairperson's mailing address (if different):		
	Chairperson's email address (required): 24 ra Per		5
	Chairperson's phone number (required): 520 808	37127	
	Chairperson's employer (required): Veo VS	betense Initiative	
	Chairperson's occupation (required):	Director	
Treasurer's Information:	Treasurer's name (required): Dacia trankl	in-Hicks	
	Treasurer's physical address (required): 1346	S. Camino Seco	
	Treasurer's mailing address (if different):	er	
	Treasurer's email address (required):davin . Fra	nklin, hicks @ amil.	COL
	Treasurer's phone number (required): 520 - 440	- 9384	
	Treasurer's employer (required): La Frontora	Center	
	Treasurer's occupation (required): Healthcar	e Admin	
	10/01/		
Bank or Financial Institution:	Bank name (required): Wells Fargo		
Bank or Financial Institution: (do not list acct numbers)	Bank name (required): Wells Forge Additional bank name (if applicable):		
	1/3	<u> </u>	-/
	Additional bank name (if applicable):		/
(do not list acct numbers)	Additional bank name (if applicable):  Additional bank name (if applicable):	0 1 8 0 1 2	1
(do not list acct numbers)	Additional bank name (if applicable):  Additional bank name (if applicable):	8 NO 27	
	Additional bank name (if applicable):  Additional bank name (if applicable):	07	
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(do not list acct numbers)  DECLARATION AND SIGNATION  I declare under penalty of penalty of penalty penalty of the chairperson or treasurer of the contract o	Additional bank name (if applicable):  Additional bank name (if applicable):  URES:  Derjury that the foregoing information is true and correct. I fe committee named herein, if applicable: (2) designate the above the second in	urther declare that I: (1) consent to serve	to.
(do not list acct numbers)  DECLARATION AND SIGNATION  I declare under penalty of phairperson or treasurer of the committee and authorize it to campaign finance and reportions.	Additional bank name (if applicable):  Additional bank name (if applicable):  URES:  Derjury that the foregoing information is true and correct. I fee committee named herein, if applicable; (2) designate the aboreceive/make contributions/expenditures on my behalf, if appling quide; (4) agree to comply with Arizona election law, including quide; (4) agree to comply with Arizona el	urther declare that I: (1) consent to serve a cove-named committee as my official candidate oblicable; (3) have read the Secretary of State of the committee and the secretary of State of the committee and the secretary of State of the committee and the secretary of State of the committee of the secretary of State of the secretar	ite e's
(do not list acct numbers)  DECLARATION AND SIGNATION  I declare under penalty of phairperson or treasurer of the committee and authorize it to campaign finance and reportion [§§ 16-901 to 16-938; and (5)]	Additional bank name (if applicable):  Additional bank name (if applicable):  URES:  Derjury that the foregoing information is true and correct. I fe committee named herein, if applicable: (2) designate the above the second in	urther declare that I: (1) consent to serve a cove-named committee as my official candidate oblicable; (3) have read the Secretary of State of the committee and the secretary of State of the committee and the secretary of State of the committee and the secretary of State of the committee of the secretary of State of the secretar	ite e's
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