

Initial Application  
 Amended Application

Date: 9/11/19



**City of Tucson  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
19-317-CT

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): \_\_\_\_\_  
 (first or last name & office)

Candidate Information: Candidate's Name (required): \_\_\_\_\_  
 Candidate's mailing address (required): \_\_\_\_\_  
 Candidate's email address (required): \_\_\_\_\_  
 Candidate's phone number (required): \_\_\_\_\_  
 Candidate's website (if any): \_\_\_\_\_

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

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

Party Affiliation (required):  Democrat  Libertarian  Republican  Other: \_\_\_\_\_

CITY OF TUCSON  
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 19 SEP 11 P 2:10  
 OFFICE OF THE  
 CITY CLERK

**Political Action Committee (PAC)**

*No on 205*

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): \_\_\_\_\_

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

*O-FILE  
 207014*

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## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

19-317-CT

**COMMITTEE INFORMATION:**

*Contact Information:*

Committee's mailing address (required): P.O. Box 42434, Tucson, AZ 85733  
 Committee's email address (required): NoonPROP205@gmail.com  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): \_\_\_\_\_

*Chairperson's Information:*

Chairperson's name (required): LARRY LUCERO  
 Chairperson's physical address (required): 354 N. COURT AVE.  
 Chairperson's mailing address (if different): "  
 Chairperson's email address (required): LTLUCERO@MSN.COM  
 Chairperson's phone number (required): 520.237.0815  
 Chairperson's employer (required): RETIRED  
 Chairperson's occupation (required): UTILITY EXECUTIVE -

*Treasurer's Information:*

Treasurer's name (required): Manuel Davila  
 Treasurer's physical address (required): 9230 E. La Palma Dr, Tucson 85747  
 Treasurer's mailing address (if different): "  
 Treasurer's email address (required): davila@hotmail.com  
 Treasurer's phone number (required): 9 50 520-940-4518  
 Treasurer's employer (required): ARS, INC  
 Treasurer's occupation (required): \_\_\_\_\_

*Bank or Financial Institution:*  
(do not list acct numbers)

Bank name (required): WELLS FARGO  
 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: [Signature]

Date: 9-3-2019

Treasurer's signature: [Signature]

Date: 9-10-19

Candidate's signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

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 (select any that apply)  Ballot Measure Expenditures  Recall Expenditures

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 Sponsor's email address (required): \_\_\_\_\_  
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 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** (if applicable)  Standing Committee (must also complete separate standing committee registration)

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## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

A-317-CF

### COMMITTEE INFORMATION:

*Contact Information:* Committee's mailing address (required): \_\_\_\_\_  
 Committee's email address (required): \_\_\_\_\_  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): \_\_\_\_\_

*CO- Chairperson's Information:* Chairperson's name (required): Yvette-Marie Margailan Tapia  
 Chairperson's physical address (required): 5045 N Sunriver Circle  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): yymmemail@gmail.com  
 Chairperson's phone number (required): (520) 437-4904  
 Chairperson's employer (required): ABA Consulting Group  
 Chairperson's occupation (required): CEO, Clinical Director

*Treasurer's Information:* Treasurer's name (required): \_\_\_\_\_  
 Treasurer's physical address (required): \_\_\_\_\_  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): \_\_\_\_\_  
 Treasurer's phone number (required): \_\_\_\_\_  
 Treasurer's employer (required): \_\_\_\_\_  
 Treasurer's occupation (required): \_\_\_\_\_

*Bank or Financial Institution:* Bank name (required): \_\_\_\_\_  
 (do not list acct numbers) Additional bank name (if applicable): \_\_\_\_\_  
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### DECLARATION AND SIGNATURES:

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Chairperson's signature: *Yvette-Marie Margailan Tapia*

Date: 9/9/19

Treasurer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate's signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_