

Initial Application
 Amended Application
 Date: 9/4/19



**City of Tucson
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
19-315-G

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): ALBERT PESQUEIRA FOR MAYOR

Candidate Information:

Candidate's Name (required): ALBERT RENE PESQUEIRA

Candidate's mailing address (required): 5347 E 19TH ST TUCSON AZ 85711

Candidate's email address (required): PESKYLILAL@GMAIL.COM

Candidate's phone number (required): 520-247-8795

Candidate's website (if any): HEREANDNOWTUCSON.COM

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

Election Cycle for Office Sought (year the election will take place) (required): 2019

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

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Political Action Committee (PAC)

Committee Name (required): _____
 (if sponsored, must include sponsor's name)

Political Function (optional): Contributions Candidate-Related Independent Expenditures
 Ballot Measure Expenditures Recall Expenditures

Sponsorship Information: (if applicable)

Sponsor's name or nickname (required): _____

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
 206867

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**City of Tucson
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
19-315-CT

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 5347 E 19TH ST TUCSON AZ 85711
 Committee's email address (required): HEREANDNOWTUCSON@GMAIL.COM
 Committee's phone number (if any): NONE w AP
 Committee's website (if any): HEREANDNOWTUCSON.COM w AP

Chairperson's Information: Chairperson's name (required): ALBERT RENE PESQUEIRA
 Chairperson's physical address (required): 5347 E 19TH ST TUCSON AZ 85711
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): PESKYLILAL@GMAIL.COM
 Chairperson's phone number (required): 520-247-8795
 Chairperson's employer (required): TUCSON PREPARATORY ACADAMEY
 Chairperson's occupation (required): SAFTEY MONITOR / CASE MANAGER

Treasurer's Information: Treasurer's name (required): KRYSTY MARIE PESQUEIRA
 Treasurer's physical address (required): 5347 E 19TH ST TUCSON AZ 85711
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): KRYSTYPESQUEIRA@GMAIL.COM
 Treasurer's phone number (required): 520-977-5853
 Treasurer's employer (required): NONE
 Treasurer's occupation (required): NONE

Bank or Financial Institution: Bank name (required): ~~HUGHES FEDERAL CREDIT UNION~~ WELLS FARGO w AP
 (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: *Albert Pesqueira* Date: 9-4-19

Treasurer's signature: *Krysty Pesqueira* Date: 9-4-19

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