

Initial Application
 Amended Application
 Date: 1-8-2017



**City of Tucson
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
17-262-CT Sll

Amended to reflect change in Treasurer. SM

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Committee to Elect Tom Tronsdal
 (first or last name & office)

Candidate Information: Candidate's Name (required): Thomas Tronsdal
 Candidate's mailing address (required): 1352 E. King Rd
 Candidate's email address (required): tommyt@conference.com
 Candidate's phone number (required): 520-861-8602
 Candidate's website (if any): _____

Office Sought (choose one): Mayor Council Member, Ward 3

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

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

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 (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)

SM 190952
 Revised: December 2016
 X-CFA 0-File SM

Initial Application
 Amended Application

Date: _____



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

17-262-CT

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 1352 E King Rd Tucson 95719
Committee's email address (required): tommyt@canyofence.com
Committee's phone number (if any): 520-861-8602
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Thomas Tronsdal
Chairperson's physical address (required): 1352 E King Rd Tucson 95719
Chairperson's mailing address (if different): _____
Chairperson's email address (required): tommyt@canyofence.com
Chairperson's phone number (required): 520-861-8602
Chairperson's employer (required): Canyofence Co.
Chairperson's occupation (required): Fence Construction

Treasurer's Information: Treasurer's name (required): Michelle Howell
Treasurer's physical address (required): 2725 E LaCienega Tucson 85716
Treasurer's mailing address (if different): _____
Treasurer's email address (required): mhowell@cox.net
Treasurer's phone number (required): 520-975-8289
Treasurer's employer (required): Benson Hospital
Treasurer's occupation (required): Controller

Bank or Financial Institution: Bank name (required): National Bank of Arizona
(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: Thomas Tronsdal Date: 1/5/2017

Treasurer's signature: MHowell Date: 1/5/17

Candidate's signature (if applicable): Thomas Tronsdal Date: 1/5/17

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