

Initial Application
 Amended Application
 Date: 8/31/21



**City of Tucson
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
21-333-CF

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: Democrat Libertarian Republican Other: _____
 (required)

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 CITY CLERK

Political Action Committee (PAC)

Committee Name (required): Working Families Party Independent Expenditure Committee
 (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 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
 (if applicable) 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 Standing Committee (must also complete separate standing committee registration)
 (if applicable)

O-FILE
 216064

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**City of Tucson
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): compliance@workingfamilies.org
 Committee's email address (required): 77 Sands Street, 6th Floor, Brooklyn, NY 11201
 Committee's phone number (if any): 718-222-3796
 Committee's website (if any): www.workingfamilies.org

Chairperson's Information: Chairperson's name (required): Micheal Boland
 Chairperson's physical address (required): 199 Mohonk Road, High Falls, NY 12440
 Chairperson's mailing address (if different): 77 Sands Street, 6th Floor, Brooklyn, NY 11201
 Chairperson's email address (required): compliance@workingfamilies.org
 Chairperson's phone number (required): 718-222-3796
 Chairperson's employer (required): Working Families Party
 Chairperson's occupation (required): Cheif of Staff

Treasurer's Information: Treasurer's name (required): Micheal Boland
 Treasurer's physical address (required): 199 Mohonk Road, High Falls, NY 12440
 Treasurer's mailing address (if different): 77 Sands Street, 6th Floor, Brooklyn, NY 11201
 Treasurer's email address (required): compliance@workingfamilies.org
 Treasurer's phone number (required): 718-222-3796
 Treasurer's employer (required): Working Families Party
 Treasurer's occupation (required): Cheif of Staff

Bank or Financial Institution: Bank name (required): Amalgamated Bank
 (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: ML JR

Date: 8/24/2021

Treasurer's signature: M.L JR

Date: 8/24/2021

Candidate's signature (if applicable): _____

Date: _____