

Initial Application  
 Amended Application - 1/31/24  
Date: 1/25/24 do



*Amended*  
**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)  
RZ2024-002

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Ziegler 4 Marana, ~~com~~ org 1/31/24  
(first or last name & office)

Candidate Information: Candidate's Name (required): Roxanne Ziegler

Candidate's mailing address (required): [REDACTED]

Candidate's email address (required): [REDACTED]

Candidate's phone number (required): [REDACTED]

Candidate's website (if any): Ziegler 4 Marana, org com 1/31/24

Office Sought (choose one):  County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office Councilmember  District (if applicable): \_\_\_\_\_

School Board Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

Special District Board: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

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

Party Affiliation:  Democrat  Green  Libertarian  Republican  Other: \_\_\_\_\_  
(required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): N/A  
(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 (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) **RECEIVED**

JAN 31 2024

Political Party

Committee Name (required): N/A  
(must include party affiliation)

Town of Marana Clerk's Office

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 (if applicable)  Standing Committee (must also complete separate standing committee registration) **RECEIVED**

JAN 25 2024

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COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): [REDACTED]  
 Committee's email address (required): [REDACTED]  
 Committee's phone number (if any): [REDACTED]  
 Committee's website (if any): Ziegler4marana.org COM REG 1/31/24

**Chairperson's Information:** Chairperson's name (required): Roxanne Ziegler  
 Chairperson's physical address (required): [REDACTED]  
 Chairperson's mailing address (if different): N/A  
 Chairperson's email address (required): [REDACTED]  
 Chairperson's phone number (required): [REDACTED]  
 Chairperson's employer (required): Retired  
 Chairperson's occupation (required): N/A

**Treasurer's Information:** Treasurer's name (required): Beatriz Torres  
 Treasurer's physical address (required): [REDACTED]  
 Treasurer's mailing address (if different): [REDACTED]  
 Treasurer's email address (required): [REDACTED]  
 Treasurer's phone number (required): [REDACTED]  
 Treasurer's employer (required): N/A  
 Treasurer's occupation (required): N/A

**Bank or Financial Institution:** Bank name (required): [REDACTED]  
 (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: Roxanne Ziegler Date: 1/25/24  
 Treasurer's signature: Beatriz Torres Date: 1.25.24  
 Candidate's signature (if applicable): Roxanne Ziegler Date: 1/25/24

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