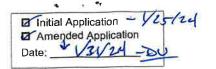




COMMITTEE ID NUMBER (office use only) RZZ024-002

	ose one):	Y = A	
☐ Candid	date	Com 11/24	
Committee N	ame (required):	2 regier 4 marana, comorghezilar	
(first or last n	ame & office)	Candidate's Name (required): Roxanne Zitgiti	
Candidate In	formation:	Candidate's Name (required):	
Gariara		Candidate's mailing address (required):	
		Candidate's email address (required):	
		and the second s	1.104
		Candidate's phone number (required).  Candidate's website (if any):   Zicyler 4 marana; or com lig i	130121
Office Sough	t (choose one):	7	<del></del>
		□City/Town OfficeLouncilmembol □District (if applicable):	
		☐ School Board Office: ☐ District (if applicable):	
		☐ Special District Board: ☐District (if applicable):	
Election Cyc	le for Office Soug	ht (year the election will take place) (required);	
Party Affiliati (required for	on: partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:	
(if sponsored	d, must include	- NA	
sponsor's na	me)		
Political Fun	ction (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures	
(select any t	nat apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures	
Sponsorshir	Information:	Sponsor's name or nickname (required):	
(if applicable		Sponsor's mailing address (required):	
/// -/FF	•	Sponsor's email address (required):	
		Sponsor's phone number (if any):	
		Sponsor's website (if any):	
		☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	
Special Stat		- a. " - 0 ittee /- ust also complete separate standing committee registration)	
(if applicable	·)	☐ Standing Committee (Hist also complete separate standing committee (Hist also complete separate standing officer) (amended applications of Mega PAC (must provide proof of Mega PAC status to filling officer) (amended applications of the Mega PAC)	on RECEIVED
			IAN 3 1 2024
☐ Politi	ical Party	arl	7711 0 1 202
	Name (required):	Town of	Marana Clerk'
Committee	de party affiliation)		marana olonk
Committee (must includ		☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)	
Committee (must include Jurisdiction	:	Distate Party (must microuse proof of qualification parents and account of the proof of the proo	
(must include	;	County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)	
(must include	:	☐ 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)	304)
(must include	:	□ 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 § 16-600.	304)
(must include	tus	☐ 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)	RECEIVED





COMMITTEE ID NUMBER (office use only)

122024-002

## 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):		
ŀ	Chairperson's Information:	Committee's website (if any):  Chairperson's name (required):  Roxanne Tucquer  Chairperson's name (required):		
		Chairperson's physical address (required):		
		Chairperson's mailing address (if different):		
		Chairperson's email address (required):		
		Chairperson's phone number (required):		
		Chairperson's employer (required): Kttwcd		
		Chairperson's occupation (required):		
	Treasurer's Information:	Treasurer's name (required): Beatriz Torres		
		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):  Treasurer's occupation (required):		
		Treasurer's occupation (required):		
\	Bank or Financial Institution:	Bank name (required):		
/	(do not list acct numbers)	Additional bank name (if applicable):		
		Additional bank name (if applicable):		
	<u> </u>			
DECLARA <sup>-</sup>	TION AND SIGNATURES:			
/		1.6 when dealers that I: (1) concept to serve as		
1	. The second of	jury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate		
	ter the state of the	receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.		
	campaign finance and report	agree to accept all notifications and legal service of process for campaign finance purposes via the email		
	address(es) provided herein.	7		
	ĺ.	116 me Zueda Date: 1/25/24		
1	Chairperson's signature:	Date: Date:		
Treasurer's signature: Meatry Yowell Date: 1 25 ° 24				
1	Heasulet a signature.	7 0 1/20/24		
1	Candidate's signature (if app	licable): Warm for the Date: 120/27		
1		/) -		

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JAN 3 1 2024

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JAN 25 2024

Town of Marana Clerk's Office