



Committee Statement of Organization

For Office Use Only



TRH 10/21/19

Initial Application Amended Application

DATE 8/18/2019 ID# (office use only) 16-SCC-01

COMMITTEE TYPE (choose one)

CANDIDATE

COMMITTEE NAME (must include candidate's first or last name and, if the candidate has a candidate committee open for more than one office, the office sought)
People For Bruce Brackee

ELECTION CYCLE FOR OFFICE SOUGHT (year election will take place, required)

CANDIDATE'S NAME (required)
Bruce Brackee

CANDIDATE'S MAILING ADDRESS (required)
P.O. Box 1789 CITY Tubac STATE AZ ZIP 85646

CANDIDATE'S EMAIL ADDRESS (required)
brucebrackee@gmail.com CANDIDATE'S PHONE NUMBER (required)
520-331-9539 CANDIDATE'S WEBSITE (if any)
brucebrackee.com

OFFICE SOUGHT (required, choose one)

Assessor Recorder
 Attorney School Superintendent
 Board of Supervisors – District: # 3 Sheriff
 Clerk of Superior Court Superior Court Judge – Division: _____
 Constable – Precinct: _____ Treasurer
 Justice of the Peace – Precinct: _____
 School District Governing Board – District: _____
 Special District Board (fire, water, sanitation, hospital, road, etc.) – District: _____

Political Action Committee (PAC)

COMMITTEE NAME (if sponsored, must include sponsor's name)

POLITICAL FUNCTION (optional) (choose any that apply)

Ballot Measure Expenditures Candidate-Related Independent Expenditures Contributions Recall Expenditures

SPONSORSHIP INFORMATION (if applicable)

SPONSOR'S NAME OR NICKNAME (required)

SPONSOR'S MAILING ADDRESS (required) CITY STATE ZIP

SPONSOR'S EMAIL ADDRESS (required) SPONSOR'S PHONE NUMBER (if any) SPONSOR'S WEBSITE (if any)

SPECIAL STATUS (if applicable)

Choose one

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

PARTY NAME (must include party affiliation)

JURISDICTION

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)

SPECIAL STATUS (if applicable)

Standing Committee (must also complete separate standing committee registration)

Santa Cruz County Elections Department
2150 N. Congress Dr., Rm. 119
Nogales, AZ 85621 (520) 375-7812

COMMITTEE INFORMATION

COMMITTEE'S MAILING ADDRESS (required) <i>P.O. Box 1989</i>		CITY <i>Tubac</i>	STATE <i>AZ</i>	ZIP <i>85646</i>
COMMITTEE'S EMAIL ADDRESS (required) <i>bruce.bracker@GMAIL.COM</i>	COMMITTEE'S PHONE NUMBER (if any)		COMMITTEE'S WEBSITE (if any)	
CHAIRPERSON'S INFORMATION				
CHAIRPERSON'S NAME (required) <i>Christopher CIROLI</i>				
CHAIRPERSON'S PHYSICAL ADDRESS (required) <i>53 PRIMERA ALTA</i>		CITY <i>Tubac</i>	STATE <i>AZ</i>	ZIP <i>85646</i>
CHAIRPERSON'S MAILING ADDRESS (if different) <i>P.O. Box 1476</i>		CITY <i>Tubac</i>	STATE <i>AZ</i>	ZIP <i>85646</i>
CHAIRPERSON'S EMAIL ADDRESS (required) <i>Chris@CiroliBrothers.com</i>	CHAIRPERSON'S EMPLOYER (required) <i>CIROLI BROTHERS</i>			
CHAIRPERSON'S PHONE NUMBER (required) <i>520-281-9696</i>	CHAIRPERSON'S OCCUPATION (required) <i>Produce Sales</i>			
TREASURER'S INFORMATION				
TREASURER'S NAME (required) <i>Liz D Collica</i>				
TREASURER'S PHYSICAL ADDRESS (required) <i>140 Circolo MONTANA</i>		CITY <i>Nogales</i>	STATE <i>AZ</i>	ZIP <i>85621</i>
TREASURER'S MAILING ADDRESS (if different) PO Box 280 <i>PO Box 280</i>		CITY <i>Nogales</i>	STATE <i>AZ</i>	ZIP <i>85621</i>
TREASURER'S EMAIL ADDRESS (required) <i>ElizabethCollica@gmail.com</i>	TREASURER'S EMPLOYER (required) <i>Retired</i>			
TREASURER'S PHONE NUMBER (required) <i>520-287-2695</i>	TREASURER'S OCCUPATION (required) <i>Retired</i>			

BANK OR FINANCIAL INSTITUTION INFORMATION DO NOT LIST ACCOUNT NUMBERS

BANK NAME (required) <i>JP Morgan Chase</i>	ADDITIONAL BANK NAME (if applicable)	ADDITIONAL BANK NAME (if applicable)
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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 <i>[Signature]</i>	DATE <i>8-28-19</i>
TREASURER'S SIGNATURE <i>[Signature]</i>	DATE <i>8/28/19</i>
CANDIDATE'S SIGNATURE (if applicable) <i>[Signature]</i>	DATE <i>8-18-19</i>