



COMMITTEE ID NUMBER (office use only)

JO 2018.02

## COMMITTEE TYPE (choose one):

Committee Name (required):	John Officer for Marana Town Council			
Candidate Information:	Candidate's Name (required): John Officer			
	Candidate's mailing address (required): 12303 W Grier Rd, Marana, AZ 85653			
	Candidate's email address (required): jocwc@q.com  Candidate's phone number (required): (520) 682-2154  Candidate's website (if any):			
Office Sought (choose one):	□ Governor □ Secretary of State □ Attorney General □ State Treasurer □ Superintendent of Public Instruction □ State Mine Inspector □ Corporation Commissione			
	☐ State Senate ☐ State House of Representatives ☐ District (required):			
	□ County Office: □ □ District (if applicable): □			
	City/Town Office: Marana Town Council			
Election Cycle for Office Soug	tht (year the election will take place) (required): 2018			
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:			
(if sponsored, must include sponsor's name)  Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures			
sponsor's name)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures			
sponsor's name)  Political Function (optional):				
Sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required):  Sponsor's mailing address (required):			
sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):			
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Sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status	□ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required):  Sponsor's mailing address (required):  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  □ Standing Committee (must also complete separate standing committee registration)			
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sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status (if applicable)  Political Party  Committee Name (required): (must include party affiliation)	□ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ 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 □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  □ 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)			
Sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)  Special Status if applicable)  Political Party  Committee Name (required): (must include party affiliation)	□ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ 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 □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)  □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)			





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## COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 12303 W Grier Rd, Marana, AZ 85653	
	Committee's email address (required): jocwc@q.com	
	Committee's phone number (if any): (520) 682-2154	
	Committee's website (if any):	-
Chairperson's Information:	Chairperson's name (required): Antonio Carranza	
	Chairperson's physical address (required): 12586 N. Nep Lane, Marana, AZ 85653	
	Chairperson's mailing address (if different):	-
	Chairperson's email address (required): sandiego@airemaster.com	
	Chairperson's phone number (required): (520) 303-1523	
	Chairperson's employer (required): Aire Master of Tucson	
	Chairperson's occupation (required): Sales and Service	
Treasurer's Information:	Treasurer's name (required): Arthur Miller	
	Treasurer's physical address (required): 12490 N Tare Lane, Marana, AZ 85653	
	Treasurer's mailing address (if different):	
	Treasurer's email address (required): miller.aj@comcast.net	
	Treasurer's phone number (required) (520) 979-8210	
	Treasurer's employer (required): Johnson and Johnson	
	Treasurer's occupation (required): Sales	
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 periur	y that the foregoing information	is true and correct. I further declare that I: (1) consent to serve as
chairperson or treasurer of the c	committee named herein, if app	licable; (2) designate the above-named committee as my official candidate
committee and authorize it to re-	ceive/make contributions/exper	nditures 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) ag	ree to accept all notifications ar	nd legal service of process for campaign finance purposes via the email
address(es) provided herein.	h	
		Date: 4/2/18
	Ilkin	Date: 41718
Chairperson's signature:	ACT.	Date: 10 10

Treasurer's signature: \_\_\_\_\_\_\_\_, mule

Date: 4/2/2018

Candidate's signature (if applicable):

Date: 4-2-18

RECEIVED

APR 03 2018

Town of Marana Clerk's Office R 2018 AM08:54