

Initial Application  
 Amended Application  
 Date: 1/25/24



**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  
 (first or last name & office)

Candidate Information:  
 Candidate's Name (required): Roxanne Ziegler  
 Candidate's mailing address (required): 7460 W. Mountain Sky Dr. Tucson, AZ 85743  
 Candidate's email address (required): roxanne2000@yahoo.com  
 Candidate's phone number (required): 520-465-1210  
 Candidate's website (if any): ziegler4marana.org

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):  
 (select any that apply)  Contributions  Candidate-Related Independent Expenditures  
 Ballot Measure Expenditures  Recall Expenditures

Sponsorship Information:  
 (if applicable)  
 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): \_\_\_\_\_

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)

**Political Party**

Committee Name (required): N/A  
 (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 (if applicable)  
 Standing Committee (must also complete separate standing committee registration)

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JAN 25 2024



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OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

RZ2024-002

Initial Application  
 Amended Application  
Date: \_\_\_\_\_

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): Meadow Mountain Sky Dr. Tolson, AZ 85743  
 Committee's email address (required): Roxanne Ziegler  
 Committee's phone number (if any): 520-465-1210  
 Committee's website (if any): Ziegler4marana.org

**Chairperson's Information:** Chairperson's name (required): Roxanne Ziegler  
 Chairperson's physical address (required): 7460 W. Mountain Sky Dr. Tolson, AZ 85743  
 Chairperson's mailing address (if different): N/A  
 Chairperson's email address (required): roxannez2000@yahoo.com  
 Chairperson's phone number (required): 520-465-1210  
 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): 13377 N. Sandaria Rd. #153 Marana, AZ 85653  
 Treasurer's mailing address (if different): 11358 W. Popstone St. Marana, AZ 85658  
 Treasurer's email address (required): beaaniba1torres@aol.com  
 Treasurer's phone number (required): 309-287-8630  
 Treasurer's employer (required): N/A  
 Treasurer's occupation (required): N/A

**Bank or Financial Institution:** Bank name (required): Wells Fargo Bank - Silverbell or Cortaro  
 (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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