☒ Initial Application
☐ Amended Application
Date: _____

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)
COM2026-04

COMMITTEE TYPE (choose one):

☐ **Candidate**

Committee Name (required): _____
(first or last name & office)

Candidate Information:
Candidate's Name (required): _____
Candidate's mailing address (required): _____
Candidate's email address (required): _____
Candidate's phone number (required): _____
Candidate's website (if any): _____

Office Sought (choose one):
☐ County Office: _____ ☐ District (if applicable): _____
☐ City/Town Office: _____ ☐ 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:
(required for partisan offices)
☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: _____

☒ **Political Action Committee (PAC)**

Committee Name (required):
(if sponsored, must include sponsor's name)
MARANA FOR THE PEOPLE UNITED PAC

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):
(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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Town of Marana Clerk's Office

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☐ Amended Application
Date: _____

STATE OF ARIZONA
COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)
Com2026-04

COMMITTEE INFORMATION:

CORTARO
5800 W ARIZONA PAVILLIONS DR
PO BOX 1242
CORTARO, AZ 85652

Contact Information:
Committee's mailing address (required): _____
Committee's email address (required): GRJOHNSEN@COMCAST.NET
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): TIMOTHY R ROSSE
Chairperson's physical address (required): 14108 N Arizona Farm Ave
Chairperson's mailing address (if different): MARANA, AZ 85658
Chairperson's email address (required): TimothyMaranaAZ.Council@gmail.com
Chairperson's phone number (required): 623 810 8407
Chairperson's employer (required): RETIRED
Chairperson's occupation (required): N/A

Treasurer's Information:
Treasurer's name (required): GREG JOHNSEN
Treasurer's physical address (required): 7254 W BASELT CT, TUCSON AZ 85743
Treasurer's mailing address (if different): _____
Treasurer's email address (required): GRJOHNSEN@COMCAST.NET
Treasurer's phone number (required): 520-204-2220
Treasurer's employer (required): RETIRED
Treasurer's occupation (required): RETIRED

Bank or Financial Institution: (do not list acct numbers)
Bank name (required): WALTMAS WEST
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: Timothy R Rosse Date: 10-2-2026

Treasurer's signature: Greg Johnsen Date: 10-2-2026

Candidate's signature (if applicable): _____ Date: _____

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