

Initial Application
 Amended Application
 Date: 12/04/19



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
025-2019

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): RHONDA PINA FOR SUPERVISOR
 (first or last name & office)

Candidate Information:

Candidate's Name (required): RHONDA PINA

Candidate's mailing address (required): P.O. BOX 35067, TUCSON, AZ 85714-

Candidate's email address (required): RHONDAC.PINA FOR SUPERVISOR.COM 5067

Candidate's phone number (required): 520.262.4207

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 Commissioner

State Senate State House of Representatives District (required): _____

County Office: BOARD of SUPERVISORS District (if applicable): DISTRICT 1

City/Town Office: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2020

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)

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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COMMITTEE ID NUMBER
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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): P.O. Box 35067, TUCSON, AZ 85740
 Committee's email address (required): RHONDACADINA@SUPERVISOR.COM
 Committee's phone number (if any): 520.262.4207
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): William R. Assenmacher
 Chairperson's physical address (required): 7301 SECRET CANYON DR. TUCSON
 Chairperson's mailing address (if different): NO 85718
 Chairperson's email address (required): bill@wra11c.net
 Chairperson's phone number (required): 520-247-3244
 Chairperson's employer (required): SELF-EMPLOYED - WRA INVESTMENTS
 Chairperson's occupation (required): REAL ESTATE INVESTMENTS

Treasurer's Information: Treasurer's name (required): RICHARD M. JOHNSON
 Treasurer's physical address (required): 1562 W. CARMEL PRINCE DR. OROVALLE, AZ
 Treasurer's mailing address (if different): NO 85737
 Treasurer's email address (required): CDUGAZ2@AZL.COM
 Treasurer's phone number (required): 520-904-5554
 Treasurer's employer (required): RETIRED
 Treasurer's occupation (required): RETIRED

Bank or Financial Institution: Bank name (required): WELLS FARGO BANK
 (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: William R. Assenmacher Date: 12-1-2019

Treasurer's signature: Richard M. Johnson Date: 12-1-2019

Candidate's signature (if applicable): _____ Date: 12-1-2019

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