

- ☒ Initial Application
☐ Amended Application

Date: _____



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

DB 2020-001

RECEIVED

COMMITTEE TYPE (choose one):

☐ Candidate

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

DAVE BOWEN FOR TOWN COUNCIL

OCT 23 2019

Town of Marana
Clerk's Office

Candidate Information:

Candidate's Name (required): DAVID BOWEN

Candidate's mailing address (required): 7769 N VIA LAGUNA NIGUEL, TUCSON, AZ 85743

Candidate's email address (required): DBOWEN2003@COMCAST.NET

Candidate's phone number (required): (520) 481-3461

Candidate's website (if any): WWW.BOWEN4MARANA.COM

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: _____ ☐ District (if applicable): _____

☒ City/Town Office: COUNCIL ☐ District (if applicable): _____

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

Party Affiliation:

- ☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: _____

(required for partisan offices)

☐ Political Action Committee (PAC)

Committee Name (required):
(if sponsored, must include
sponsor's name)

DAVE BOWEN FOR TOWN COUNCIL

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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STATE OF ARIZONA
COMMITTEE STATEMENT
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COMMITTEE ID NUMBER
(office use only)

DB 2020-001

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 7769 N VIA LAGUNA MIGUEL, TUCSON, AZ
Committee's email address (required): DBOWEN2003@COMCAST.NET 85743
Committee's phone number (if any): (520) 481-3461
Committee's website (if any): WWW.BOWEN4MARANA.COM

Chairperson's Information:

Chairperson's name (required): DAVID BOWEN
Chairperson's physical address (required): 7769 N VIA LAGUNA MIGUEL, TUCSON, AZ 85743
Chairperson's mailing address (if different): _____
Chairperson's email address (required): DBOWEN2003@COMCAST.NET
Chairperson's phone number (required): (520) 481-3461
Chairperson's employer (required): DAVID BOWEN, CFP
Chairperson's occupation (required): FINANCIAL ADVISOR

Treasurer's Information:

Treasurer's name (required): BRYANNA POWELL
Treasurer's physical address (required): 4390 E HAWSER ST, TUCSON, AZ 85739
Treasurer's mailing address (if different): _____
Treasurer's email address (required): BRYPOWELL25@GMAIL.COM
Treasurer's phone number (required): (520) 481-4279
Treasurer's employer (required): SELF-EMPLOYED
Treasurer's occupation (required): HOUSEHOLD ENGINEER

Bank or Financial Institution:
(do not list acct numbers)

Bank name (required): HUGHES FEDERAL CREDIT UNION
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: David W Bowen Date: 9/5/2019

Treasurer's signature: Bryanna Powell Date: 9/7/2019

Candidate's signature (if applicable): David W Bowen Date: 9/5/2019

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OCT 23 2019

Town of Marana
Clerk's Office

- ☒ Initial Application
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Date: 01/29/2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

JC 2020-002

COMMITTEE TYPE (choose one):

☒ Candidate

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

Jackie Craig for Marana Town Council

Candidate Information:

Candidate's Name (required): Jacqueline Holland-Craig

Candidate's mailing address (required): 13123 N Sunrise Canyon Ln, Marana, AZ 85658

Candidate's email address (required): jackiehc@yahoo.com

Candidate's phone number (required): 520-572-9663

Candidate's website (if any): www.jackie4marana.com

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: _____ ☐ District (if applicable): _____

☒ City/Town Office: Marana ☐ District (if applicable): _____

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

Party Affiliation:

☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: _____

(required for partisan offices)

☐ 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)

☒ Initial Application
☐ Amended Application
Date: 01/29/2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

JC 2020-002

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 13123 N Sunrise Canyon Ln, Marana, AZ 85658
Committee's email address (required): jackiehc@yahoo.com
Committee's phone number (if any): 520-572-9663
Committee's website (if any): jackie4marana.com

Chairperson's Information: Chairperson's name (required): Jacqueline Holland-Craig
Chairperson's physical address (required): 13123 N Sunrise Canyon Ln, Marana, AZ 85658
Chairperson's mailing address (if different): _____
Chairperson's email address (required): jackiehc@yahoo.com
Chairperson's phone number (required): 520-572-9663
Chairperson's employer (required): None
Chairperson's occupation (required): Retired

Treasurer's Information: Treasurer's name (required): Dennis Russell
Treasurer's physical address (required): 13527 N Heritage Gateway Marana, AZ 85658
Treasurer's mailing address (if different): _____
Treasurer's email address (required): Dennis.Russell@colorado.edu
Treasurer's phone number (required): 720-352-5896
Treasurer's employer (required): Self-Employed
Treasurer's occupation (required): Certified Public Accountant

Bank or Financial Institution: Bank name (required): Wells Fargo
(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: [Signature] Date: 1-29-2020

Treasurer's signature: [Signature] Date: 1-29-2020

Candidate's signature (if applicable): [Signature] Date: 1-29-2020

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JAN 29 2020

Town of Marana
Clerk's Office

☒ Initial Application
☐ Amended Application
Date: 1/29/2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

EH 2020-003

COMMITTEE TYPE (choose one):

☒ **Candidate**

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

Committee to re-elect Ed Honea

Candidate Information:

Candidate's Name (required): Ed Honea

Candidate's mailing address (required): 12269 W Grier Rd

Candidate's email address (required): erhonea@yahoo.com

Candidate's phone number (required): 520-850-1733

Candidate's website (if any): ed4mayor.com

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: _____

☐ District (if applicable): _____

☒ City/Town Office: Mayor

☐ 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)

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)

☒ Initial Application
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Date: 1/29/2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
EH 2020-003

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 12269 W. Grier Rd, Marana, AZ 85653
Committee's email address (required): p-bramlett@yahoo.com
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): Pam Bramlett
Chairperson's physical address (required): 12540 N. White Ave, Marana AZ 85653
Chairperson's mailing address (if different): _____
Chairperson's email address (required): p-bramlett@yahoo.com
Chairperson's phone number (required): 520-400-3569 3569
Chairperson's employer (required): Trico Electric Corp.
Chairperson's occupation (required): Lead Warehouse person

Treasurer's Information:

Treasurer's name (required): Ed Honea
Treasurer's physical address (required): 12269 W. Grier Rd., Marana, AZ 85653
Treasurer's mailing address (if different): _____
Treasurer's email address (required): erhonea@yahoo.com
Treasurer's phone number (required): 520-850-1733
Treasurer's employer (required): Retired
Treasurer's occupation (required): Retired

Bank or Financial Institution:
(do not list acct numbers)

Bank name (required): National Bank of AZ
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: Pam Bramlett Date: 1/29/2020

Treasurer's signature: Ed Honea Date: 1/29/2020

Candidate's signature (if applicable): Ed Honea Date: 1/29/2020

RECEIVED

JAN 29 2020

Town of Marana
Clerk's Office

☒ Initial Application
☐ Amended Application
Date: 2/7/2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

RZ 2020-004

COMMITTEE TYPE (choose one):

☒ **Candidate**

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

Roxanne Ziegler for Town Council

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):

roxannez2000@yahoo.com

Candidate's phone number (required):

(520) 465-1210

Candidate's website (if any):

Ziegler4Maram.com

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: _____

☐ District (if applicable): _____

☒ City/Town Office: Town Council

☐ District (if applicable): N/A

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

2020

Party Affiliation:

☐ Democrat

☐ Green

☐ Libertarian

☐ Republican

☐ Other:

N/A

(required for partisan offices)

☐ **Political Action Committee (PAC)**

Committee Name (required):
(if sponsored, must include
sponsor's name)

N/A

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)

N/A

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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Date: 2/7/2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

RZ 2020-004

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 7460 W. Mountain Sky Dr. Tucson, AZ 85743
Committee's email address (required): Ziegler 4 Marana. com
Committee's phone number (if any): (520) 465-1210
Committee's website (if any): Ziegler 4 Marana. com

Chairperson's Information:

Chairperson's name (required): Roxanne Ziegler
Chairperson's physical address (required): 7460 W. Mountain Sky Dr. Tucson, AZ 85743
Chairperson's mailing address (if different): Same
Chairperson's email address (required): roxannez2000@yahoo.com
Chairperson's phone number (required): (520) 465-1210
Chairperson's employer (required): N/A
Chairperson's occupation (required): Retired

Treasurer's Information:

Treasurer's name (required): Ken Crawford
Treasurer's physical address (required): 7460 W. Mountain Sky Dr. Tucson, AZ 85743
Treasurer's mailing address (if different): Same
Treasurer's email address (required): KCrawford1197@yahoo.com
Treasurer's phone number (required): (209) 679-9196
Treasurer's employer (required): American Manufacturing Excellence
Treasurer's occupation (required): Facilities Manager

Bank or Financial Institution:
(do not list acct numbers)

Bank name (required): Wells Fargo
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 L. Ziegler Date: 2/7/2020

Treasurer's signature: Ken Crawford Date: 2-6-2020

Candidate's signature (if applicable): Roxanne L. Ziegler Date: 2/7/2020

RECEIVED

FEB 07 2020

Town of Marana
Clerk's Office

07 FEB 2020 AM 10:59