

Initial Application
 Amended Application
Date: 6/14/24



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
C2024-01

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Tracy Florea for Florence
(first or last name & office)

Candidate Information:
Candidate's Name (required): Tracy Florea
Candidate's mailing address (required): 7573 W Springfield Way, Florence AZ 85132
Candidate's email address (required): tracy.florea@yahoo.com
Candidate's phone number (required): 573-822-7722
Candidate's website (if any): none

Office Sought (choose one):
 County Office: _____ District (if applicable): _____
 City/Town Office: Florence Town Council 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): 2024

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)

Received

JUN 05 2024

Initial Application
 Amended Application
Date: 6/4/24



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
C2024-01

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 7573 W Springfield Way
Committee's email address (required): tracy.florea @ yahoo.com
Committee's phone number (if any): 573-822-7722
Committee's website (if any): ---

Chairperson's Information:

Chairperson's name (required): Tracy Florea
Chairperson's physical address (required): 7573 W Springfield Way Florence AZ
Chairperson's mailing address (if different): _____
Chairperson's email address (required): tracy.florea @ yahoo.com
Chairperson's phone number (required): 573-822-7722
Chairperson's employer (required): Naphecare
Chairperson's occupation (required): RN - Assistant Director of Nursing

Treasurer's Information:

Treasurer's name (required): Tracy Florea
Treasurer's physical address (required): 7573 W Springfield Way Florence
Treasurer's mailing address (if different): _____
Treasurer's email address (required): tracy.florea @ yahoo.com
Treasurer's phone number (required): 573-822-7722
Treasurer's employer (required): Naphecare
Treasurer's occupation (required): RN - Assistant Director of Nursing

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: Tracy Florea Date: 6/4/24

Treasurer's signature: Tracy Florea Date: 6/4/24

Candidate's signature (if applicable): Tracy Florea Date: 6/4/24