

# ADDENDUM MATERIAL

**Bernadette Russell**

DATE 11-16-21

ITEM NO. ADD 6

**From:** Rex Scott  
**Sent:** Tuesday, November 16, 2021 6:14 AM  
**To:** Melissa Manriquez  
**Cc:** COB\_mail; District1  
**Subject:** Fwd: Initiative information  
**Attachments:** application for initiative or referendum serial number.doc; Statement of Organization - fillable.pdf; Initiative\_Petition\_10-06-21.pdf; Initiative\_Petition\_10-06-21.pdf

Melissa, good morning to you. Please see below and attached. I would appreciate it if you could attach this information to the addendum item dealing with the minimum wage. Please also forward it to the other supervisors.

Thanks!  
Rex

**From:** Kim Challender <Kim.Challender@pima.gov>  
**Date:** November 12, 2021 at 1:53:51 PM MST  
**To:** Rex Scott <Rex.Scott@pima.gov>  
**Cc:** Cami Evans <Cami.Evans@pima.gov>, Kate Hiller <Kate.Hiller@pima.gov>  
**Subject:** FW: Initiative information

Rex,

Here is information on the initiative process. After searching the Dept. of Elections website, I spoke with Anne Lillie. She said the information isn't on their website because it's rare anyone attempts a countywide initiative. It's a difficult process and the number of signatures (around 55,000) makes it that much more difficult to get on the ballot.

Is this what you were looking for?

Warm regards,

Kim Challender  
Executive Aide  
Rex Scott-District 1  
520-724-4357

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**From:** Anne Lillie <Anne.Lillie@pima.gov>  
**Sent:** Friday, November 12, 2021 1:47 PM  
**To:** Kim Challender <Kim.Challender@pima.gov>  
**Subject:** Initiative information

Hi Kim,

NOV 16 21 AM 07:41 POC CLK RF-H  
BX

I'm attaching the application for an initiative serial number, which has to be filed before someone can start circulating petitions for an initiative, as well as a copy of the Statement of Organization. Once those have been filed with our office, we would give the applicant a sample copy of the petitions (also attached).

Here's a link to the Initiative and Referendum Guide on the Secretary of State's website:

[https://azsos.gov/sites/default/files/2020\\_Initiative%20Referendum\\_Guide.pdf](https://azsos.gov/sites/default/files/2020_Initiative%20Referendum_Guide.pdf)

To get an initiative on the 2022 General Election ballot, the deadline for filing the petitions with our office is July 7, 2022. The number of signatures required is 58,284.

If you have any questions, please let me know!

Thanks,

Anne Lillie  
Pima County Elections  
6550 S Country Club Rd  
Tucson, AZ 85765  
520-724-6869

# APPLICATION FOR INITIATIVE OR REFERENDUM PETITION SERIAL NUMBER

Any petition for a county ballot initiative must meet the same guidelines as a petition for a state ballot initiative.

Pima County Elections  
6550 S. Country Club Rd.  
Tucson, Arizona 85756  
520-724-6830

The undersigned intends to circulate and file an **INITIATIVE** or a **REFERENDUM** (circle the appropriate word) petition and hereby makes application for the issuance of an official serial number to be printed in the lower right-hand corner of each side of each signature sheet of such petition. Pursuant to Arizona Revised Statutes § 19-111, attached hereto is the full text, in no less than eight point type of the measure intended to be **INITIATED** or **REFERRED** (circle the appropriate word) at the next general election.

**SUMMARY:** A description of no more than one hundred words of the principal provisions of the proposed law or measure that will appear in no less than eight point type on the face of each petition signature sheet to be circulated shall be attached to this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
\*Name of Organization (if any)

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Officer and Title

## For Office Use Only

Date of Application \_\_\_\_\_

Signatures Required \_\_\_\_\_

Deadline for Filing \_\_\_\_\_

Serial Number Issued \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Officer and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number



**PIMA COUNTY ELECTIONS**  
**STATEMENT OF ORGANIZATION**

A.R.S. § 16-906

CHECK ONE: ☐ INITIAL REGISTRATION  
☐ AMENDED STATEMENT

COMMITTEE ID NUMBER  
(OFFICE USE ONLY)

CHOOSE ONE OF THE FOLLOWING COMMITTEE TYPES:

☐ **CANDIDATE COMMITTEE:**

COMMITTEE NAME (REQUIRED; MUST INCLUDE CANDIDATE'S FIRST OR LAST NAME)	
NAME OF CANDIDATE (REQUIRED)	
OFFICE SOUGHT (REQUIRED)	ELECTION YEAR (REQUIRED)
POLITICAL PARTY (REQUIRED FOR PARTISAN OFFICES)	CANDIDATE'S PHONE NUMBER (REQUIRED)
CANDIDATE'S MAILING ADDRESS (REQUIRED)	ZIP (REQUIRED)
CANDIDATE'S EMAIL ADDRESS (REQUIRED)	

☐ **POLITICAL ACTION COMMITTEE (PAC):**

COMMITTEE NAME (REQUIRED)	
SPONSOR'S NAME (REQUIRED IF PAC HAS A SPONSOR)	
SPONSOR'S EMAIL ADDRESS (REQUIRED IF PAC HAS A SPONSOR)	SPONSOR'S PHONE NUMBER
SPONSOR'S MAILING ADDRESS (REQUIRED IF PAC HAS A SPONSOR)	ZIP (REQUIRED)
POLITICAL FUNCTION (OPTIONAL; CHECK ALL THAT APPLY)	
<input type="checkbox"/> CONTRIBUTIONS <input type="checkbox"/> CANDIDATE-RELATED INDEPENDENT EXPENDITURES	
<input type="checkbox"/> BALLOT MEASURE EXPENDITURES <input type="checkbox"/> RECALL EXPENDITURES	
<input type="checkbox"/> SEPARATE SEGREGATED FUND OF A CORPORATION, LLC, PARTNERSHIP, OR UNION	

☐ **POLITICAL PARTY:**

COMMITTEE NAME (REQUIRED)
JURISDICTION: <input type="checkbox"/> STATE PARTY (MUST INCLUDE PROOF OF QUALIFICATION PURSUANT TO A.R.S. § 16-801 OR § 16-804) <input type="checkbox"/> COUNTY PARTY (MUST INCLUDE PROOF OF QUALIFICATION PURSUANT TO A.R.S. § 16-802 OR § 16-804) <input type="checkbox"/> LEGISLATIVE DISTRICT PARTY (MUST INCLUDE PROOF OF QUALIFICATION PURSUANT TO A.R.S. § 16-823) <input type="checkbox"/> CITY/TOWN PARTY (MUST INCLUDE PROOF OF QUALIFICATION PURSUANT TO A.R.S. § 16-802 OR § 16-804)

**COMMITTEE CONTACT INFORMATION:**

COMMITTEE'S MAILING ADDRESS (REQUIRED)		ZIP (REQUIRED)
COMMITTEE'S EMAIL ADDRESS (REQUIRED)		
COMMITTEE'S PHONE NUMBER (IF ANY)	WEBSITE (IF ANY)	
COMMITTEE'S BANK NAME (REQUIRED)	ADDITIONAL BANK NAME(S) (IF APPLICABLE)	

**CHAIRPERSON'S INFORMATION:**

NAME (REQUIRED)	EMAIL ADDRESS (REQUIRED)	
PHYSICAL ADDRESS (REQUIRED)		PHONE NUMBER (REQUIRED)
MAILING ADDRESS (IF DIFFERENT)		ZIP (REQUIRED)
EMPLOYER (REQUIRED)	OCCUPATION (REQUIRED)	

**TREASURER'S INFORMATION:**

NAME (REQUIRED)	EMAIL ADDRESS (REQUIRED)	
PHYSICAL ADDRESS (REQUIRED)		PHONE NUMBER (REQUIRED)
MAILING ADDRESS (IF DIFFERENT)		ZIP (REQUIRED)
EMPLOYER (REQUIRED)	OCCUPATION (REQUIRED)	

**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: \_\_\_\_\_  
(REQUIRED)

DATE: \_\_\_\_\_

TREASURER'S SIGNATURE: \_\_\_\_\_  
(REQUIRED)

DATE: \_\_\_\_\_

CANDIDATE'S SIGNATURE: \_\_\_\_\_  
(REQUIRED FOR CANDIDATE COMMITTEES ONLY)

DATE: \_\_\_\_\_

STAPLE  
HERE

Initiative Measure to be Submitted Directly to Electors

We, the undersigned, citizens and qualified electors of the state of Arizona, respectfully demand that the following proposed

shall be submitted

to the qualified electors of the state of Arizona for their approval or rejection at the next regular general election and each for himself says: I have personally signed this petition with my

first and last names. I have not signed any other petition for the same measure. I am a qualified elector of the state of Arizona, county of

It is unlawful to sign this petition before it has a serial number.

PAID CIRCULATOR

VOLUNTEER

COUNTY

Initiative description:

Insert a description of not more than 200 words of the principal provisions of the proposed measure.

Notice:

This is only a description of the proposed measure (or constitutional amendment) prepared by the sponsor of the measure. It may not include every provision contained in the measure. Before signing, make sure the title and text of the measure are attached. You have the right to read or examine the title and text before signing.

Warning:

It is a class 1 misdemeanor for any person to knowingly sign an initiative or referendum petition with a name other than his own, except in a circumstance where he signs for a person, in the presence of and at the specific request of such person, who is incapable of signing his own name because of physical infirmity, or to knowingly sign his name more than once for the same measure, or to knowingly sign such petition when he is not a qualified elector.

	Signature	Printed Name			Actual address	Arizona post office	City or Town (if any)	Date signed
		First	MI	Last	(street & no. and if no street address, describe residence location)	address & zip code		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Revised 10/06/2021

The validity of signatures on this sheet must be sworn to by the circulator before a notary public on the form appearing on the back of the sheet.

Registered Circulator ID

Number

**Instructions for Circulators**

1. All circulators shall sign the Affidavit of Circulator.
2. All non-resident circulators, whether paid or volunteer, must register with the Secretary of State's office before circulating petitions. Circulators who are Arizona residents must register with the Secretary of State's office before circulating petitions if they are both (i) paid, and (ii) circulating for a statewide initiative or referendum. Circulators who are required to register should print their Circulator ID number in the space provided on the front and back side of each petition sheet.
3. Circulators are not required to be a resident of this state but otherwise must be qualified to vote in this state.
4. Circulators shall include their actual residence address or, if no street address, a description of their residence location.

Affidavit of Circulator

County of \_\_\_\_\_ (Where notarized)

1.

COUNTY OF RESIDENCE
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I, \_\_\_\_\_, a person who is not required to be a resident of this state but who is otherwise qualified to register to vote in the county of \_\_\_\_\_, in the state of Arizona at all times during my circulation of this petition sheet, and under the penalty of a class 1 misdemeanor, depose and say that subject to section 19-115, Arizona Revised Statutes, each individual printed the individual's own name and address and signed this sheet of the foregoing petition in my presence on the date indicated and I believe that each signer's name and residence address or post office address are correctly stated and that each signer is a qualified elector of the state of Arizona and that at all times during circulation of this signature sheet a copy of the title and text was attached to the signature sheet.

(Signature of affiant)

(Residence address, street and number of affiant, or if

no street address, a description of residence location)

CIRCULATOR SIGNATURE

RESIDENCE ADDRESS / LOCATION

CITY

STATE

ZIP

DATE OF NOTARIZATION

(date)

Stamp notary seal within the box below

NOTARY SIGNATURE

Notary Public