

Initial Application
 Amended Application
 Date: 1/15/2017



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
2017-TOVAR

COMMITTEE TYPE (choose one):

Candidate

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

ReElect Mayor Anna Tovar

Candidate Information:

Candidate's Name (required): Anna Tovar

Candidate's mailing address (required): 8 N. 88th Drive

Candidate's email address (required): Mayor Anna Tovar@gmail.com

Candidate's phone number (required): 623.208.3338

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: _____ District (if applicable): _____

City/Town Office: Tolleson 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): Contributions Candidate-Related Independent Expenditures
 (select any that apply) Ballot Measure Expenditures Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): _____
 (if applicable) Sponsor's mailing address (required): _____
 Sponsor's email address (required): _____
 Sponsor's phone number (if any): _____
 Sponsor's website (if any): _____

Special Status Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
 (if applicable) 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 Standing Committee (must also complete separate standing committee registration)
 (if applicable)

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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
2017-TDVAR

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 8 N. 88th Drive
 Committee's email address (required): MayorAnnaTovar@gmail.com
 Committee's phone number (if any): 623.208.3338
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Anna Tovar
 Chairperson's physical address (required): 8 N. 88th Drive
 Chairperson's mailing address (if different): same
 Chairperson's email address (required): MayorAnnaTovar@gmail.com
 Chairperson's phone number (required): 623.208.3338
 Chairperson's employer (required): self-employed
 Chairperson's occupation (required): real estate agent

Treasurer's Information: Treasurer's name (required): Anna Tovar
 Treasurer's physical address (required): 8 N. 88th Drive
 Treasurer's mailing address (if different): same
 Treasurer's email address (required): MayorAnnaTovar@gmail.com
 Treasurer's phone number (required): 623.208.3338
 Treasurer's employer (required): self-employed
 Treasurer's occupation (required): real estate agent

Bank or Financial Institution: Bank name (required): Bank of America
 (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: Anna Tovar Date: 1/15/2017

Treasurer's signature: Anna Tovar Date: 1/15/2017

Candidate's signature (if applicable): Anna Tovar Date: 1/15/2017

RECEIVED
JAN 17 2017
CITY OF TOLLESON
CLERK'S OFFICE



STATE OF ARIZONA
 COMMITTEE CAMPAIGN
 FINANCE REPORT

COMMITTEE ID NUMBER
 2017-TOVAR

COMMITTEE INFORMATION (required):

Committee Information: Committee Name: ReElect Mayor Anna Tovar

CANDIDATE INFORMATION (only if filing as a candidate committee):

Office Sought: Statewide Office: _____ State Legislature: _____
 County Office: _____ City/Town Office: Tolleson

Cumulative Report:
 Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.
 Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below): _____

REPORTING PERIOD (check one):

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Final Campaign Finance Report Prior to Committee Termination	End of Previous Period through Today's Date

*Reporting deadline extended to next business day. A.R.S. §§ 1-243(A) and 1-303.

FINANCIAL SUMMARY (required):

Activity	Cash Activity This Reporting Period	Election Cycle to Date
(a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)		6,668.80
(b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)		0
(c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)		0
(d) = Balance at close of reporting period		6,668.80

Check here if no financial activity during the reporting period. Lines (a)-(d) still must be completed, but only this cover page need be filed.



**STATE OF ARIZONA
COMMITTEE CAMPAIGN
FINANCE REPORT**

COMMITTEE ID NUMBER
2017-TOVAR

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By filing this report, you certify that, under penalty of perjury, you have examined the contents of this report, and the contents are true and correct.

Anna Tovar

Printed Name of Committee Treasurer

A handwritten signature in cursive script that reads "Anna Tovar".

Signature of Committee Treasurer

4-15-2020

Date



**STATE OF ARIZONA
 COMMITTEE CAMPAIGN
 FINANCE REPORT**

COMMITTEE ID NUMBER
 2017-TOVAR

COMMITTEE INFORMATION (required):

Committee Information: Committee Name: ReElect Mayor Anna Tovar

CANDIDATE INFORMATION (only if filing as a candidate committee):

Office Sought: Statewide Office: _____ State Legislature: _____
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Anna Tovar

Printed Name of Committee Treasurer

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Signature of Committee Treasurer

7/15/2020

Date



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COMMITTEE CAMPAIGN
FINANCE REPORT

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Anna Tovar

Printed Name of Committee Treasurer

Anna Tovar

Signature of Committee Treasurer

10/15/2020

Date



STATE OF ARIZONA
 COMMITTEE CAMPAIGN
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Anna Tovar

Printed Name of Committee Treasurer

Anna Tovar

Signature of Committee Treasurer

1/15/2021

Date