

Initial Application
 Amended Application
 Date: 8/8/2018



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
2018-Erives

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Clorinda Erives for Tolleson City Council
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Clorinda Contreras Erives
 Candidate's mailing address (required): 8906 W. Alzora Way
 Candidate's email address (required): reelecterives@gmail.com
 Candidate's phone number (required): 623-693-6932
 Candidate's website (if any): www.reelecterives.com ^{website}

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: Councilwoman District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 8/28/18

Party Affiliation: Democrat Green Libertarian Republican Other: _____
 (required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): Clorinda Erives for Tolleson City Council
 (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 (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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(office use only)

2018-Erives

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 8906 W. Alzora Way Tolleson AZ 85353
Committee's email address (required): reelecterives@gmail.com
Committee's phone number (if any): 623-693-6932
Committee's website (if any): https://reelecterives.wixsite.com

Chairperson's Information: Chairperson's name (required): Frank G. Contreras
Chairperson's physical address (required): 8906 W. Alzora Way Tolleson AZ 85353
Chairperson's mailing address (if different): same as above
Chairperson's email address (required): PCONTRERAS1123@GMAIL
Chairperson's phone number (required): 602-980-2718
Chairperson's employer (required): retired
Chairperson's occupation (required): retired US Postal System

Treasurer's Information: Treasurer's name (required): Josephine V. Contreras
Treasurer's physical address (required): 8906 W. Alzora Way Tolleson AZ 85353
Treasurer's mailing address (if different): same as above
Treasurer's email address (required): vnarives@gmail.com
Treasurer's phone number (required): 93 623-936-1215
Treasurer's employer (required): retired
Treasurer's occupation (required): retired medical receptionist

Bank or Financial Institution: Bank name (required): Bank of the West
(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: Frank G. Contreras Date: 8.7.18
Treasurer's signature: Josephine V. Contreras Date: 8.7.18
Candidate's signature (if applicable): Erives Date: 8.7.18

RECEIVED

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CITY OF TOLLESON
CLERK'S OFFICE