

Candidate Statement of Interest
A.R.S. § 16-311; A.R.S. § 16-341(I)

You are hereby notified that I, the undersigned, hereby declare my interest to run as a candidate for the office of Council member for District ~~1A~~ (if applicable), in the [City/Town] of Tolleson at the [regular/special] Election to be held on Tuesday, August, 4, 20 26. I am seeking the nomination of the _____ Party (if applicable).

Candidate Information (Print your information.)

Name: Erives, Clorinda C.
Last First

Residence Address: 8906 W. Alzora Way
Street
Tolleson, Arizona 85353
City State Zip Code

Mailing Address: 8906 W. Alzora Way
Street
Tolleson AZ 85353
City State Zip Code

Primary Phone: 623 693-6932 Type of Phone: Home ☐ Work ☐ Cell ☒

Alternate Phone: () - Type of Phone: Home ☐ Work ☐ Cell ☐

Primary Email: cerives@cox.net

Alternate Email: _____

By submitting this document, I understand that any nomination petition signatures collected before the date of this Statement of Interest are invalid and may be subject to challenge pursuant to A.R.S. § 16-351. I understand this Statement is not a formal declaration of candidacy and that filing of the nomination paper is the formal notification for seeking municipal office.

Clorinda C. Erives
Candidate Signature

Jan. 26, 2026
Date