

- ☒ Initial Application
☐ Amended Application

Date: 2/10/25



City of Tucson
**COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

25-369-CT

COMMITTEE TYPE (choose one):

☐ **Candidate**

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

JAY TOLKOFF FOR WARD SIX

Candidate Information:

Candidate's Name (required): JAY TOLKOFF
Candidate's mailing address (required): 904 S MAGNOLIA AVE
Candidate's email address (required): JT4WARD6@gmail.com
Candidate's phone number (required): 520 305 6591
Candidate's website (if any): _____

Office Sought (choose one): ☐ Mayor ☒ Council Member, Ward 6

Election Cycle for Office Sought (year the election will take place) (required): 2025

Party Affiliation:
(required)

☐ Democrat ☐ 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 must be filed with Secretary of State
(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 must be filed with Secretary of State
(if applicable)

- ☐ Standing Committee (must also complete separate standing committee registration)

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X-CFA O-File

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City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

25-369-CT

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 909 S. MAGNOLIA AVE

Committee's email address (required): JT4ward6@gmail.com

Committee's phone number (if any): 520 305 6591

Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): Jay Tolkoft

Chairperson's physical address (required): 909 S. MAGNOLIA AVE

Chairperson's mailing address (if different): 11 11 11

Chairperson's email address (required): JT4ward6@gmail.com

Chairperson's phone number (required): 520 305 6591

Chairperson's employer (required): NONE

Chairperson's occupation (required): _____

Treasurer's Information:

Treasurer's name (required): Jay Tolkoft

Treasurer's physical address (required): 909 S. MAGNOLIA

Treasurer's mailing address (if different): JT4ward6@gmail.com

Treasurer's email address (required): JT4ward6@gmail.com

Treasurer's phone number (required): 520 305 6591

Treasurer's employer (required): NONE

Treasurer's occupation (required): NONE

Bank or Financial Institution: (do not list acct numbers)

Bank name (required): FIRST CITIZEN'S BANK

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: _____

Date: 2/10/25

Treasurer's signature: _____

Date: 2/10/25

Candidate's signature (if applicable): _____

Date: 2/10/25