

- ☐ Initial Application
☒ Amended Application

Date: 7/16/25



**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)

TOLKOFF FOR TUCSON

Candidate Information:

Candidate's Name (required): JAY TOLKOFF

Candidate's mailing address (required): _____

Candidate's email address (required): _____

Candidate's phone number (required): _____

Candidate's website (if any): _____

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

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

Party Affiliation:
(required)

☐ Democrat ☐ Libertarian ☐ Republican ☐ Other: _____

CITY OF TUCSON
RECEIVED
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OFFICE OF THE
CITY CLERK

☐ **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)

X-CFA D-File
233122

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COMMITTEE STATEMENT
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COMMITTEE ID NUMBER
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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): _____
Committee's email address (required): _____
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): _____
Chairperson's physical address (required): _____
Chairperson's mailing address (if different): _____
Chairperson's email address (required): _____
Chairperson's phone number (required): _____
Chairperson's employer (required): _____
Chairperson's occupation (required): _____

Treasurer's Information: Treasurer's name (required): _____
Treasurer's physical address (required): _____
Treasurer's mailing address (if different): _____
Treasurer's email address (required): _____
Treasurer's phone number (required): _____
Treasurer's employer (required): _____
Treasurer's occupation (required): _____

Bank or Financial Institution: Bank name (required): _____
(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: _____

Date: 7/16/25

Treasurer's signature: _____

Date: 7/16/25

Candidate's signature (if applicable): _____

Date: _____