

Initial Application  
 Amended Application  
 Date: \_\_\_\_\_



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION

COMMITTEE ID NUMBER  
 (office use only)  
CC2021-05

COMMITTEE TYPE (choose one):

11-09 32-A10-189NV

**Candidate**

Committee Name (required): Hannah Toth for Town Council EAK  
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Hannah Toth

Candidate's mailing address (required): ~~16923 E Sterling Way, Fountain Hills, AZ 85268~~ 16923 E

Candidate's email address (required): hannah.toth.29@outlook.com Last Trail Dr

Candidate's phone number (required): (602) 541-7919 Fountain Hills, AZ

Candidate's website (if any): \_\_\_\_\_ 85268

Office Sought (choose one):

County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office: Town Council  District (if applicable): \_\_\_\_\_ 11-30-21 P12:11 IN EAK

School Board Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

Special District Board: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2022

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: (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 (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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**STATE OF ARIZONA**  
**COMMITTEE STATEMENT**  
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 (office use only)

COMMITTEE INFORMATION:

**Contact Information:**  
 Committee's mailing address (required): 16882 E Sterling Way, AH 85268  
 Committee's email address (required): tothfortruncouncil@gmail.com  
 Committee's phone number (if any): 602-541-7919  
 Committee's website (if any): facebook.com/HannahTothYPH

**Chairperson's Information:**  
 Chairperson's name (required): Hannah Toth  
 Chairperson's physical address (required): 16882 E Sterling Way, AH 85268  
 Chairperson's mailing address (if different): N/A  
 Chairperson's email address (required): (602) 541-7919  
 Chairperson's phone number (required): tothfortruncouncil@gmail.com  
 Chairperson's employer (required): field experience  
 Chairperson's occupation (required): Learning Specialist

**Treasurer's Information:**  
 Treasurer's name (required): Hannah Toth  
 Treasurer's physical address (required): (see above)  
 Treasurer's mailing address (if different): (see above)  
 Treasurer's email address (required): (see above)  
 Treasurer's phone number (required): (see above)  
 Treasurer's employer (required): (see above)  
 Treasurer's occupation (required): (see above)

**Bank or Financial Institution:**  
 Bank name (required): Midfirst Bank  
 Additional bank name (if applicable): \_\_\_\_\_  
 Additional bank name (if applicable): \_\_\_\_\_

16923 E Last Trail  
 Dr, Fountain Hills  
 AZ 85265

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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: [Signature] Date: 11/8/2021  
 Treasurer's signature: [Signature] Date: 11/8/2021  
 Candidate's signature (if applicable): [Signature] Date: 11/8/2021