

Initial Application
 Amended Application
Date: 1/18/2022



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
CAN2203

TU, JAN 18 '22 PM 2:05

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Reelect Anna Thomasson PV Town Council
(first or last name & office)

Candidate Information:

Candidate's Name (required): Anna Thomasson
Candidate's mailing address (required): 8300 N 53rd St. Paradise Valley, AZ
Candidate's email address (required): annathomasson2015@gmail.com 85253
Candidate's phone number (required): 602-321-2434
Candidate's website (if any): annathomasson.com

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: Council member 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: 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 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable) 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 Standing Committee (must also complete separate standing committee registration)
(if applicable)

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COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 8300 N 53rd St, PV, AZ 85253
Committee's email address (required): anna@annathomasson.com
Committee's phone number (if any): 602-321-2434
Committee's website (if any): annathomasson.com

Chairperson's Information:

Chairperson's name (required): Anna Thomasson
Chairperson's physical address (required): 8300 N 53rd St, PV, AZ 85253
Chairperson's mailing address (if different): _____
Chairperson's email address (required): annathomasson2015@gmail.com
Chairperson's phone number (required): 602-321-2434
Chairperson's employer (required): Not Applicable
Chairperson's occupation (required): Consultant

Treasurer's Information:

Treasurer's name (required): Anna Thomasson
Treasurer's physical address (required): 8300 N 53rd St PV, AZ 85253
Treasurer's mailing address (if different): _____
Treasurer's email address (required): annathomasson2015@gmail.com
Treasurer's phone number (required): 602-321-2434
Treasurer's employer (required): Not Applicable
Treasurer's occupation (required): Consultant

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

Bank name (required): Bank of America
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: Anna Thomasson Date: 1/17/22

Treasurer's signature: Anna Thomasson Date: 1/17/22

Candidate's signature (if applicable): Anna Thomasson Date: 1/17/22