

- ☐ Initial Application  
☐ Amended Application  
Date: \_\_\_\_\_



PINAL COUNTY  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

202000C55

JUL 28 2020

PINAL COUNTY SCHOOL OFFICE

COMMITTEE TYPE (choose one):

☒ **Candidate**

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

*MCE*  
Knorr for Maricopa Schools

Candidate Information:

Candidate's Name (required):

Anna Marie Knorr

Candidate's mailing address (required):

22781 N. Sunset Dr. Maricopa AZ

Candidate's email address (required):

annamarie.knorr@yahoo.com 85139

Candidate's phone number (required):

602 451-0658

Candidate's website (if any):

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):

MUSD #20 Governing Board

☐ City/Town Office:

☐ District (if applicable):

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

2020

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):  
(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  
(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)

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



**PINAL COUNTY  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

**COMMITTEE INFORMATION:**

**Contact Information:**

Committee's mailing address (required): 22781 N. Sunset Dr. Maricopa AZ 85139  
Committee's email address (required): annahmarie.khorr@yahoo.com  
Committee's phone number (if any): 602 451-0658  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:**

Chairperson's name (required): Anna Marie Khorr  
Chairperson's physical address (required): 22781 N. Sunset Dr. Maricopa AZ 85139  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): annahmarie.khorr@yahoo.com  
Chairperson's phone number (required): 602 451-0658  
Chairperson's employer (required): none  
Chairperson's occupation (required): none

**Treasurer's Information:**

Treasurer's name (required): Anna Marie Khorr  
Treasurer's physical address (required): 22781 N. Sunset Dr. Maricopa AZ 85139  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): annahmarie.khorr@yahoo.com  
Treasurer's phone number (required): 602 451-0658  
Treasurer's employer (required): none  
Treasurer's occupation (required): none

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

Bank name (required): Desert Financial Credit Union  
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 Marie Khorr Date: 7/28/20

Treasurer's signature: Anna Marie Khorr Date: 7/28/20

Candidate's signature (if applicable): Anna Marie Khorr Date: 7/28/20



# PINAL COUNTY SCHOOL OFFICE ELECTION FORM

## RECEIPT

|                          |  |  |  |
|--------------------------|--|--|--|
| FOR OFFICIAL<br>USE ONLY | <input type="checkbox"/> SPECIAL<br><input type="checkbox"/> PRIMARY<br><input type="checkbox"/> GENERAL | <input type="checkbox"/> DEMOCRAT<br><input type="checkbox"/> REPUBLICAN<br><input type="checkbox"/> OTHER | Voter Registration ID# _____ Pct. _____<br>Political Organization ID# <u>202000CSS</u> |
|--------------------------|--|--|--|

APPLICATION for Serial Number \_\_\_\_\_ ☐ RECALL ☐ INITIATIVE ☐ REFERENDUM

NAME OF COMMITTEE Filing: KNORR FOR MARICOPA SCHOOLS

CANDIDATE Filing: ANNA MARIE KNORR

For the Office of: GOVERNING BOARD MEMBER MARICOPA #20

# \_\_\_\_\_ Nomination Petitions containing \_\_\_\_\_ names, subject to verification

- ☐ Nomination Paper/Affidavit of Qualification/Campaign Finance Laws Statement/Notarized  
☐ Financial Disclosure Statement  
☐ Write-In Candidate Nomination Paper/Affidavit of Qualification/Campaign Finance Laws Statement  
☐ **Additional** Nomination Petitions containing \_\_\_\_\_ names.

### REPORTING PERIOD

☐ Candidate Report w/o Organization ☐ Committee Report w/ Organization

X Statement of Organization (ID # 202000CSS)

☐ Amended Filing (Indicate which Report \_\_\_\_\_)

☐ \$500 Threshold Exemption Statement

☐ No Activity Report

☐ Cumulative Report

☐ 1st Quarter Report

☐ 2nd Quarter Report

July Pre-Election Report

☐ 3rd Quarter Report

☐ October Pre-Election Report

☐ 4th Quarter Report

☐ Termination Statement

☐ Bond Statement

☐ Fine ( for failure to file on time) Days late \_\_\_\_\_, Report not filed \_\_\_\_\_ \$

**This is an acknowledgment that all forms required by law have been filed with the Pinal Co. School Office.**

RECEIVED this 28th day of July, 2020

By E mail ☐ Regular mail ☐ (Post date \_\_\_\_\_); or in person by: ANNA MARIE KNORR

SIGNATURE/Candidate/Representative: Anna Marie Knorr

County School Office Dept./Initials MCK ☐ Dropped off by/walk-in: ANNA MARIE KNORR

# RECEIVED

JUL 28 2020

PINAL COUNTY SCHOOL OFFICE