

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
PC 2022-01

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information:

Candidate's Name (required): Patti Comerford
 Candidate's mailing address (required): 8177 N Torrey A 95743
 Candidate's email address (required): patticomerford22@gmail.com
 Candidate's phone number (required): 520-603-1378
 Candidate's website (if any): _____

Office Sought (choose one):
 County Office: _____ District (if applicable): _____
 City/Town Office: Marana District (if applicable): _____
 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: (required for partisan offices)
 Democrat Green 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 (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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JAN 24 2022

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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
PC-2022-01

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 8177 N Torrey Pl Tucson AZ 85743
Committee's email address (required): patticomertford22@gmail.com
Committee's phone number (if any): 520-603-1378
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): CLINT PEER
Chairperson's physical address (required): 13159 N. PLAYER PLACE 85744
Chairperson's mailing address (if different): SAME
Chairperson's email address (required): CLINTPEER@COMCAST.NET
Chairperson's phone number (required): 520-444-9420
Chairperson's employer (required): POPPER GREAT COOKIES & LTD MEDIA
Chairperson's occupation (required): OWNER

Treasurer's Information: Treasurer's name (required): Susan Flayer
Treasurer's physical address (required): 10972 N. Pomegranate Dr. 85737
Treasurer's mailing address (if different): same
Treasurer's email address (required): SMFlayer@comcast.net
Treasurer's phone number (required): 520-465-9510
Treasurer's employer (required): St. Marks pre-school
Treasurer's occupation (required): Asst Director, Bookkeeper

Bank or Financial Institution: Bank name (required): Hughes credit union
(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: [Signature] Date: 1/21/22

Treasurer's signature: [Signature] Date: 1-24-2022

Candidate's signature (if applicable): [Signature] Date: 1-24-22

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