

Initial Application
 Amended Application
 Date: 3/8/22



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

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

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Re-Elect Patti Comerford
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Patti Comerford

Candidate's mailing address (required): 8177 N Torrey Pl 85743

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

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 8177 N Torrey
 Committee's email address (required): patti.comerford22@gmail.com
 Committee's phone number (if any): 520-603-1378
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Clint Peck
 Chairperson's physical address (required): 13159 N. Player Place 85755
 Chairperson's mailing address (if different): Same
 Chairperson's email address (required): ClintPeck@Comcast.net
 Chairperson's phone number (required): 520-444-9420
 Chairperson's employer (required): COPPER CREEK COOKIES & LTD media
 Chairperson's occupation (required): Owner

Treasurer's Information: Treasurer's name (required): Susan Flayer
 Treasurer's physical address (required): 10972 N Pomegranet Dr. 85737
 Treasurer's mailing address (if different): Same
 Treasurer's email address (required): smlayer@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 Federal 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: 3/8/22

Treasurer's signature: [Signature] Date: 3/8/2022

Candidate's signature (if applicable): Patti Comerford Date: 3/8/22

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Town of Marana
 Clerk's Office