

- Initial Application
- Amended Application
- Date: _____



**STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)
20-006

Received Oct 6, 2020

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Peterson4Coconino
(first or last name & office)

RECEIVED

Candidate Information:

Candidate's Name (required): Byron Peterson

Candidate's mailing address (required): PO Bx 50340, Ste 87, Parks, AZ 86018

OCT 06 2020

Candidate's email address (required): byron.coco.brd.3@gmail.com

Coconino County Elections

Candidate's phone number (required): (928) 607-7101

Candidate's website (if any): N/A

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: Board of Supervisors
 District (if applicable): 3

City/Town Office: _____
 District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2020

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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OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): PO Bx 50340, Ste 87, Parks, AZ 86018
Committee's email address (required): byron.coco.brd.3@gmail.com
Committee's phone number (if any): (928) 607-7101
Committee's website (if any): N/A

Chairperson's Information: Chairperson's name (required): Byron Peterson
Chairperson's physical address (required): [REDACTED] Parks, AZ 86018
Chairperson's mailing address (if different): PO Bx 50340, Ste 87, Parks, AZ 86018
Chairperson's email address (required): byron.coco.brd.3@gmail.com
Chairperson's phone number (required): (928) 607-7101
Chairperson's employer (required): Retired
Chairperson's occupation (required): Retired

Treasurer's Information: Treasurer's name (required): Byron Peterson
Treasurer's physical address (required): [REDACTED] Parks, AZ 86018
Treasurer's mailing address (if different): PO Bx 50340, STE 87, Parks, AZ 86018
Treasurer's email address (required): byron.coco.brd.3@gmail.com
Treasurer's phone number (required): (928) 607-7101
Treasurer's employer (required): retired
Treasurer's occupation (required): retired

Bank or Financial Institution: Bank name (required): Wells Fargo
(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: Byron C. Peterson Date: 10/02/2020
Treasurer's signature: Byron C. Peterson Date: 10/02/2020
Candidate's signature (if applicable): Byron C. Peterson Date: 10/02/2020