

- Initial Application
 - Amended Application
- Date: _____

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JAN 31 2022



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

22-C-01

TOWN CLERK
TOWN OF PAYSON

COMMITTEE TYPE (choose one):

Candidate

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

Stephen Otto 4 Payson Town Council

Candidate Information:

Candidate's Name (required):

Stephen Otto

Candidate's mailing address (required):

1805 N. McLAVE Rd, Payson

Candidate's email address (required):

Stephen.Otto@4Payson.com

Candidate's phone number (required):

719-850-1338

Candidate's website (if any):

Office Sought (choose one):

County Office:

District (if applicable):

City/Town Office:

Town Council

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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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 805 N. McLane Rd Payson 85541
Committee's email address (required): Stephen.Otto4PAYSON@GMAIL.COM
Committee's phone number (if any): 719 850-1338
Committee's website (if any): _____

Chairperson's Information:

Chairperson's name (required): Stephen Otto
Chairperson's physical address (required): 1805 N. McLane Rd, Payson 85541
Chairperson's mailing address (if different): SAME
Chairperson's email address (required): STEPHEN.OTTO4PAYSON@GMAIL.COM
Chairperson's phone number (required): 719 850-1338
Chairperson's employer (required): Retired
Chairperson's occupation (required): Retired

Treasurer's Information:

Treasurer's name (required): CAROL OTTO
Treasurer's physical address (required): 805 N. McLane Rd, Payson 85541
Treasurer's mailing address (if different): SAME
Treasurer's email address (required): CKOTTO@ADAMS.EDU
Treasurer's phone number (required): 719 850-1337
Treasurer's employer (required): Retired
Treasurer's occupation (required): Retired

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

Bank name (required): Wells Fargo
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: _____ Date: _____

Treasurer's signature: Carol Otto Date: 1/29/2022

Candidate's signature (if applicable): Stephen Otto Date: 1-29-2022