

- Initial Application
- Amended Application

**RECEIVED**  
 Date: FEB 12 2024



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)

24-M-12

TOWN CLERK  
 TOWN OF PAYSON

COMMITTEE TYPE (choose one):

**Candidate**

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

Stephen Otto 4 Payson Mayor

Candidate Information:

Candidate's Name (required): Stephen Otto

Candidate's mailing address (required): 805 N. McLANE Rd

Candidate's email address (required): OTTO3AR@HOTMAIL.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: Mayor  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): 2024

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: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

24-M-12

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 805 N. McLane Rd Payson  
Committee's email address (required): ~~719-850-~~ OTTOM8R@HOTMAIL.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): 805 N. McLane Rd, Payson  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): OTTOM8R@HOTMAIL.COM  
Chairperson's phone number (required): 719-850-1338  
Chairperson's employer (required): Retired  
Chairperson's occupation (required): Equipment Sales

Treasurer's Information:

Treasurer's name (required): Carol Otto  
Treasurer's physical address (required): 805 N. McLane Rd, Payson  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): CLOTTO@ADAMS.EDU  
Treasurer's phone number (required): 719 850-1337  
Treasurer's employer (required): Retired  
Treasurer's occupation (required): Admin. Assistant

Bank or Financial Institution  
(do not list acct numbers)

Bank name (required): WAFD  
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: 2/12/24

Treasurer's signature: [Signature] Date: 2/12/24

Candidate's signature (if applicable): [Signature] Date: 2/12/24