



**COCHISE COUNTY  
ELECTIONS DEPARTMENT  
POLITICAL COMMITTEE STATEMENT OF ORGANIZATION**  
Titles 16 & 19, Arizona Revised Statutes  
Definitions, statutory references and important information on revenue

Date Received:

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COCHISE COUNTY  
ELECTIONS AND  
SPECIAL DISTRICTS

Candidate ID#

ID# 2016-20

- WRITE - IN*
- Initial Registration       Out of State Committee
- Amended Statement       Registration as Standing Political Committee

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number)		DATE	
Gardner for Recorder		06/11/16	
RESIDENCE ADDRESS (Number and Street)	CITY	STATE	ZIP
131 Fort Huachuca Lane	Bisbee	AZ	85603
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
Same			
COMMITTEE TELEPHONE #	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS	
520-508-7047	N/A	gardnerforrecorder@gmail.com	
DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? If yes, please provide the following information:      YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
NAME OF SPONSORING ORGANIZATION		TYPE OF ORGANIZATION	
ADDRESS OF SPONSORING ORGANIZATION		RELATIONSHIP TO POLITICAL COMMITTEE	
<p><b>TYPE OF POLITICAL COMMITTEE -- Please check only one box:</b></p> <p><input checked="" type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE</p> <p><input type="checkbox"/> EXPLORATORY COMMITTEE</p> <p><input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES</p> <p><input type="checkbox"/> COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT ISSUE [A.R.S. §16-902.01(F)]  <input type="checkbox"/> support OR <input type="checkbox"/> opposition to this ballot measure</p> <p><input type="checkbox"/> COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL PETITION</p> <p><input type="checkbox"/> OTHER COMMITTEE (please describe below)</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> STANDING POLITICAL COMMITTEE (\$250 annual fee required) (A.R.S. §16-902.01) By selecting the above classification the committee declares that it has been active in more than one reporting jurisdiction in this state for more than one year AND is one of the following: (Please check ONE of the four boxes below)</p> <p><input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION</p> <p><input type="checkbox"/> COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES</p> <p><input type="checkbox"/> POLITICAL ORGANIZATION (an organization that is formally affiliated with and recognized by a political party including a district committee that is organized pursuant to A.R.S. §16-823)</p> <p><input type="checkbox"/> POLITICAL PARTY (only state or county committees of an organization that meets the requirements for recognition as a political party (see A.R.S. §§16-801, 16-804, 16-821 and 16-825))</p>			

EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE A.R.S. §§16-902(A).

NAME OF COMMITTEE CHAIRMAN <i>Peter Gardner</i>		CHAIRMAN'S TELEPHONE # <i>520-508-2047</i>	CHAIRMAN'S FAX # <i>N/A</i>	
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) <i>131 Fort Huachuca Lane</i>		CITY <i>Bisbee</i>	STATE <i>AZ</i>	ZIP <i>85603</i>
CHAIRMAN'S OCCUPATION <i>Planner</i>		CHAIRMAN'S EMPLOYER <i>Cochise County</i>		
NAME OF COMMITTEE TREASURER <i>Peter Gardner</i>		TREASURER'S TELEPHONE # <i>520-508-2047</i>	TREASURER'S FAX # <i>N/A</i>	
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) <i>131 Fort Huachuca Lane</i>		CITY <i>Bisbee</i>	STATE <i>AZ</i>	ZIP <i>85603</i>
TREASURER'S OCCUPATION <i>Planner</i>		TREASURER'S EMPLOYER <i>Cochise County</i>		

BEFORE A POLITICAL COMMITTEE ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE IT SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION. A.R.S. §16-902 (C). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)

1. *National Bank of Arizona* 2. \_\_\_\_\_ 3. \_\_\_\_\_

FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION: (Party Affiliation and Office Sought are optional for Exploratory Committees.)

NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DI") <i>Peter Gardner</i>			
PARTY AFFILIATION <i>Democratic</i>	OFFICE SOUGHT <i>Recorder</i>	COUNTY OF RESIDENCE <i>Cochise</i>	
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS <i>131 Fort Huachuca Lane</i>		CITY <i>Bisbee</i>	STATE <i>AZ</i>
			ZIP <i>85603</i>

DESIGNATING INDIVIDUAL OR CANDIDATE'S STATEMENT: I authorize the above-named political committee as my political committee to receive Contributions and make expenditures on my behalf.

Date: *06/11/16* Candidate's or Designating Individual's signature: *PAG*

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, have examined the information contained in this statement of organization and to the best of our knowledge and belief, it is true, correct and complete.

Date: *06/11/16* Chairman's signature: *PAG*

Date: *06/11/16* Treasurer's signature: *PAG*

Fill out this box only if the committee has been in existence for more than one year and is filing for Standing Committee status

STANDING POLITICAL COMMITTEE'S STATEMENT (If applicable) (A.R.S. §16-902.1): I/we hereby declare the status of this political committee as a standing political committee

Date: \_\_\_\_\_ Chairman's signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Treasurer's signature: \_\_\_\_\_

State of Arizona )  
County of \_\_\_\_\_ ) ss

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Notary Public