

Initial Application  
 Amended Application  
Date: July 2020



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)  
PAC 2020-01

**COMMITTEE INFORMATION:**

**Contact Information:** Committee's mailing address (required): P.O. Box 832, Lakeside, AZ 85929  
Committee's email address (required): epeterson2009@gmail.com  
Committee's phone number (if any): 928-369-6986  
Committee's website (if any): NA

**Chairperson's Information:** Chairperson's name (required): Everett Peterson  
Chairperson's physical address (required): 73 N. Woodland Rd., Lakeside, AZ 85929  
Chairperson's mailing address (if different): P.O. Box 832, Lakeside, AZ 85929  
Chairperson's email address (required): epeterson2009@gmail.com  
Chairperson's phone number (required): 928-369-6986  
Chairperson's employer (required): retired  
Chairperson's occupation (required): retired

**Treasurer's Information:** Treasurer's name (required): MARDI A. HARRIS  
Treasurer's physical address (required): 1210 W. PINK LANE LAKESIDE, AZ 85929  
Treasurer's mailing address (if different): -  
Treasurer's email address (required): maharris@frontier.net  
Treasurer's phone number (required): 928/369-4454  
Treasurer's employer (required): Retired  
Treasurer's occupation (required): Retired

**Bank or Financial Institution:** Bank name (required): PNC (formerly Compass)  
(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: Everett D. Peterson Date: July 2020  
Treasurer's signature: Mardi A. Harris Date: July 2020  
Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
PAC 2020-01

COMMITTEE TYPE (choose one):

**Candidate**

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

Candidate Information: Candidate's Name (required): \_\_\_\_\_  
 Candidate's mailing address (required): \_\_\_\_\_  
 Candidate's email address (required): \_\_\_\_\_  
 Candidate's phone number (required): \_\_\_\_\_  
 Candidate's website (if any): \_\_\_\_\_

Office Sought (choose one):  County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_  
 City/Town Office: \_\_\_\_\_  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): \_\_\_\_\_

Party Affiliation:  Democrat  Green  Libertarian  Republican  Other: \_\_\_\_\_  
 (required for partisan offices)

**Political Action Committee (PAC)**

Committee Name (required): CITIZENS for Quality Development  
 (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: Sponsor's name or nickname (required): \_\_\_\_\_  
 (if applicable) 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)

Date: July 2020



STATE OF ARIZONA  
COMMITTEE TERMINATION  
STATEMENT

COMMITTEE ID NUMBER

PAC 2020-01

COMMITTEE INFORMATION:

Committee name: Citizens for Quality Development PAC  
Mailing address: P.O. Box 832, Lakeside, Az 85929  
Email address: epeterson2009@gmail.com  
Phone number: 928-369-6986  
Website: NA  
Chairperson name: Everett D. Peterson  
Treasurer: MARCI A. HARRIS

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that: (1) the committee will no longer receive any contributions or make any disbursements; (2) the committee either (a) has no outstanding debts or obligations, or (b) has outstanding debts or obligations that are all more than five years old, and the committee's creditors have agreed to discharge the debts and obligations and have agreed to the termination of the committee; (3) any surplus monies have been disposed of and that the committee has no cash on hand; and (4) all contributions and expenditures have been reported, including any disposal of surplus monies.

Chairperson's signature: Everett D. Peterson Date: July 2020

Treasurer's signature: Marci A. Harris Date: July 2020

Candidate's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

