

Initial Application  
 Amended Application  
 Date: 8/18/2021



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
 C2022-01

COMMITTEE TYPE (choose one):

**Candidate**

**Committee Name (required):** Pete for Sedona  
 (first or last name & office)

**Candidate Information:**

**Candidate's Name (required):** Pete Furman

**Candidate's mailing address (required):** 40 Ranch Rd., Sedona, AZ 86336

**Candidate's email address (required):** pete@sedonapete.com

**Candidate's phone number (required):** 928-224-9150

**Candidate's website (if any):** sedonapete.com

**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: \_\_\_\_\_     District (if applicable): \_\_\_\_\_

City/Town Office: COUNCILOR  
City of Sedona, AZ     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)

Initial Application  
 Amended Application  
Date: 8/16/2021



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

C2022-01

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 40 Ranch Rd., Sedona, AZ 86336  
Committee's email address (required): info@sedonapete.com  
Committee's phone number (if any): 928-224-9150  
Committee's website (if any): sedonapete.com

**Chairperson's Information:** Chairperson's name (required): Pete Furman  
Chairperson's physical address (required): 40 Ranch Rd., Sedona, AZ 86336  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): pete@sedonapete.com  
Chairperson's phone number (required): 928-224-9150  
Chairperson's employer (required): None  
Chairperson's occupation (required): Retired

**Treasurer's Information:** Treasurer's name (required): Charlotte Hosseini  
Treasurer's physical address (required): 135 Manzanita Dr., Sedona, AZ 86336  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): charlottehosseini@gmail.com  
Treasurer's phone number (required): 602-377-2057  
Treasurer's employer (required): None  
Treasurer's occupation (required): Retired

**Bank or Financial Institution:** Bank name (required): OneAZ Credit Union  
(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: *Pete Furman* Date: 8/16/21  
Treasurer's signature: *Charlotte Hosseini* Date: 8/16/21  
Candidate's signature (if applicable): *Pete Furman* Date: 8/16/21

RECEIVED

AUG 16 2021

CITY OF SEDONA  
CITY CLERK'S OFFICE