

Initial Application
 Amended Application
 Date: 2-22-22



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
2022-03

FEB 22 2022

COMMITTEE TYPE (choose one):

CITY OF SEDONA
 CITY CLERK'S OFFICE

Candidate

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

Candidate Information:

Candidate's Name (required): SCOTT MOFFATT

Candidate's mailing address (required): 55 NORTH SLOPES DR. SEDONA AZ 86336

Candidate's email address (required): SCOTT.MOFFATT@YAHOO.COM

Candidate's phone number (required): 408.455.2155

Candidate's website (if any): www.sedonaresidentsfirst.com

Office Sought (choose one):

County Office: _____ District (if applicable): _____

City/Town Office: City 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: 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): Contributions Candidate-Related Independent Expenditures
 (select any that apply) 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)
C2022-03

COMMITTEE INFORMATION:

55 NORTH SLOPES DR SEVILLA
P.O. Box 2622, SEVILLA, AZ 85379
SCOTT.MORFATT@YAHOO.COM 86336

Contact Information: Committee's mailing address (required): _____
 Committee's email address (required): _____
 Committee's phone number (if any): _____
 Committee's website (if any): WWW.SEVILLA-RESIDENTS-FIRST.ORG

Chairperson's Information: Chairperson's name (required): SCOTT MORFATT
 Chairperson's physical address (required): 55 NORTH SLOPES DR. SEVILLA AZ 86336
 Chairperson's mailing address (if different): (SAME)
 Chairperson's email address (required): SCOTT.MORFATT@YAHOO.COM
 Chairperson's phone number (required): 408-455-2155
 Chairperson's employer (required): RETIRED
 Chairperson's occupation (required): RETIRED

Treasurer's Information: Treasurer's name (required): MALCOLM BARRETT
 Treasurer's physical address (required): 2054 OLD KETHA DR, PRUSAC 86365
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): MWB4311@GMAIL.COM
 Treasurer's phone number (required): 928-776-1681
 Treasurer's employer (required): RETIRED
 Treasurer's occupation (required): RETIRED

Bank or Financial Institution: Bank name (required): _____
 (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: [Signature] Date: 2-22-22

Treasurer's signature: [Signature] Date: 2-18-22

Candidate's signature (if applicable): [Signature] Date: 2-22-22