

Initial Application  
 Amended Application  
 Date: 2-22-22



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION

COMMITTEE ID NUMBER  
 (office use only)  
D2022-03

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: 03/08/2022



STATE OF ARIZONA **RECEIVED**  
COMMITTEE STATEMENT  
OF ORGANIZATION MAR 31 2022

COMMITTEE ID NUMBER  
(office use only)  
C2022-03

CITY OF SEDONA  
CITY CLERK'S OFFICE

COMMITTEE INFORMATION:

**Contact Information:**  
Committee's mailing address (required): PO Box 2622 SEDONA, AZ 86336  
Committee's email address (required): scott.moffatt@yahoo.com  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): www.sedona-residents-first.org

**Chairperson's Information:**  
Chairperson's name (required): Scott Moffatt  
Chairperson's physical address (required): 55 North Slopes Drive, Sedona, AZ  
Chairperson's mailing address (if different): (Same)  
Chairperson's email address (required): scott.moffatt@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): Malcom Barrett  
Treasurer's physical address (required): 2054 Old Kettle Dr., Prescott, 86305  
Treasurer's mailing address (if different): P.O. Box 11084, Prescott, AZ 86304  
Treasurer's email address (required): mwb4311@gmail.com  
Treasurer's phone number (required): 928-776-1881  
Treasurer's employer (required): Retired  
Treasurer's occupation (required): Retired

**Bank or Financial Institution:**  
(do not list acct numbers) Bank name (required): FOOTHILLS BANK (Div. of Glacier Bank)  
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: 3/8/2022  
Treasurer's signature: [Signature] Date: 3-9-22  
Candidate's signature (if applicable): [Signature] Date: 3/10/2022