

Initial Application
 Amended Application
 Date: 1/29/2024



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
C2023-01

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Pfaff for Sedona City Council
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Derek Pfaff

Candidate's mailing address (required): 185 San Patricio Dr Sedona AZ

Candidate's email address (required): derekpfafe@yahoo.com 85335

Candidate's phone number (required): 713 385 8324

Candidate's website (if any): notepfaff.com

Office Sought (choose one):

County Office: _____ District (if applicable): _____

City/Town Office: Councilor 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): 2024

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)

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STATE OF ARIZONA
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RECEIVED
 JAN 29 2024

COMMITTEE ID NUMBER
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CITY OF SEDONA
 CITY CLERK'S OFFICE

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 185 San Patricia Dr Sedona AZ 86336
 Committee's email address (required): derekpfaff@yahoo.com
 Committee's phone number (if any): 713 385 8324
 Committee's website (if any): votepfaff.com

Chairperson's Information:

Chairperson's name (required): Derek Pfaff
 Chairperson's physical address (required): 185 San Patricia Dr Sedona AZ 86336
 Chairperson's mailing address (if different): _____
 Chairperson's email address (required): derekpfaff@yahoo.com
 Chairperson's phone number (required): 713 385 8324
 Chairperson's employer (required): Fennemore Craig PC
 Chairperson's occupation (required): attorney

Treasurer's Information:

Treasurer's name (required): Amanda Stanfield
 Treasurer's physical address (required): 185 San Patricia Dr Sedona, AZ 86336
 Treasurer's mailing address (if different): _____
 Treasurer's email address (required): Stanfield_pfaff@yahoo.com
 Treasurer's phone number (required): 713 398 0834
 Treasurer's employer (required): Sedona Oak Creek Unified School
 Treasurer's occupation (required): administrator District 9

Bank or Financial Institution:
 (do not list acct numbers)

Bank name (required): One AZ Credit Union
 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: 1/29/24
 Treasurer's signature: [Signature] Date: 1/29/24
 Candidate's signature (if applicable): [Signature] Date: 1/29/24