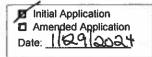




COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):

Committee Name (required):	Praff For Sedona City Council
(first or last name & office)	
Candidate Information:	Candidate's Name (required): Derek Pfaff
	Candidate's mailing address (required): 185 San Potricio Dr Sextono
	Candidate's email address (required): derekpfoff 6 yahoo . com \ 863
	Candidate's phone number (required): 713 385 8324
	Candidate's website (if any): Kote pfoff com
Office Sought (choose one):	County Office: District (if applicable):
omoo oogm (onooo ono).	
	City/Town Office: Councibe District (if applicable):
	School Board Office: District (if applicable):
	□ Special District Board: □District (if applicable):
Election Cycle for Office Sou	ght (year the election will take place) (required):
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:
☐ Political Action Com	nittee (PAC)
Committee Name (required): (if sponsored, must include sponsor's name)	
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures
143	
(select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures
(select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures
	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required):
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Sponsorship Information:	Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):
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Sponsorship Information: (if applicable) Special Status	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): Sponsor's website (if any):
(select any that apply) Sponsorship Information: (if applicable) Special Status (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): Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration)
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Sponsorship Information: (if applicable) Special Status (if applicable) Polltical Party Committee Name (required):	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): 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)
Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required):	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): Sponsor's website (if any): 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 filling officer) (amended applications only)
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Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation	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): Sponsor's website (if any): 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 filling officer) (amended applications only)
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Committee's mailing address (required):

COMMITTEE STATEMENT CEIVED OF ORGANIZATION JAN 2 9 2024

185

COMMITTEE ID NUMBER (office use only)

C2023

Sedona 42

COMMITTEE INFORMATION:

Contact Information:

CITY OF SEDONA CITY CLERK'S OFFICE

Chairperson's mailing address (if different): Chairperson's email address (if different): Chairperson's email address (required): Chairperson's phone number (required): Chairperson's employer (required): Chairperson's occupation (required): Chairperson's occupation (required): Treasurer's Information: Treasurer's name (required): Treasurer's physical address (required): Treasurer's mailing address (if different): Treasurer's email address (required): Treasurer's phone number (required): Treasurer's email address (required): Treasurer's employer (required):	Dens Proff Dens Proff Dens Proff Dens Proff Equired): 185 Son Patricio Dr. 86336 different): Lired): Dens Potricio Dr. 86336 dired): Attorney Amanda Stanfield Dens Potricio Dr. 86336 derent): Lired): 185 Son Potricio Dr. 86336 derent): Lired): Stanfield Dens Potricio Dr. 86336 derent): Lired): Stanfield Dens Potricio Dr. 86336 derent): Dens Potricio Dr. 86336 Dens Potricio Dr. 86
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