

Initial Application  
 Amended Application  
 Date: 10/7/24



STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION

COMMITTEE ID NUMBER  
 (office use only)  
C-2020-01

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OCT 07 2024

CITY OF SEDONA  
 CITY CLERK'S OFFICE

COMMITTEE TYPE (choose one):

Candidate

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

HOLLIFOR SEDONA

Candidate Information:

Candidate's Name (required): HOLLIFLOOB  
 Candidate's mailing address (required): 139 BRISTLECONE PINES RD SEDONA  
 Candidate's email address (required): hollifloob@gmail.com  
 Candidate's phone number (required): 703 638-0727  
 Candidate's website (if any): \_\_\_\_\_

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: CITY COUNCIL     District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): \_\_\_\_\_

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)

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COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 139 BRISTLECONE PINES ROAD SEDONA  
Committee's email address (required): holi1ploog@gmail.com  
Committee's phone number (if any): 703 638 0727  
Committee's website (if any): Vote4Sedona.com

**Chairperson's Information:** Chairperson's name (required): HOLI PLOOG  
Chairperson's physical address (required): 139 BRISTLECONE PINES RD SEDONA  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): holi1ploog@gmail.com  
Chairperson's phone number (required): 703 638 0727  
Chairperson's employer (required): RETIRED  
Chairperson's occupation (required): RETIRED

**Treasurer's Information:** Treasurer's name (required): HOLI PLOOG  
Treasurer's physical address (required): 139 BRISTLECONE PINES RD SEDONA  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): holi1ploog@gmail.com  
Treasurer's phone number (required): 703 638 -0727  
Treasurer's employer (required): RETIRED  
Treasurer's occupation (required): RETIRED

**Bank or Financial Institution:** Bank name (required): ONE AZ 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: Holi Ploog Date: 10/7/24

Treasurer's signature: Holi Ploog Date: 10/7/24

Candidate's signature (if applicable): Holi Ploog Date: 10/7/24