

Initial Application  
 Amended Application  
 Date: 9/23/2020



**STATE OF ARIZONA  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
CIA 2020-03

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): Debra Stanfield Town Council  
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Debra Stanfield

Candidate's mailing address (required): Box 970

Candidate's email address (required): ddstanfield@gmail.com

Candidate's phone number (required): 609-922-2421

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: Council     District (if applicable): \_\_\_\_\_

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

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:    Sponsor's name or nickname (required): \_\_\_\_\_  
 (if applicable)    Sponsor's mailing address (required): \_\_\_\_\_  
    Sponsor's email address (required): \_\_\_\_\_  
    Sponsor's phone number (if any): \_\_\_\_\_  
    Sponsor's website (if any): \_\_\_\_\_

Special Status     Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  
 (if applicable)     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     Standing Committee (must also complete separate standing committee registration)  
 (if applicable)

Initial Application  
 Amended Application  
Date: 9/23/2020



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
CAN2020-03

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): Debra Stanfield  
Committee's email address (required): ddstanfield@gmail.com  
Committee's phone number (if any): (602) 922-2421  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Debra Stanfield  
Chairperson's physical address (required): 11216 E. Henderson Rd.  
Chairperson's mailing address (if different): Box 970  
Chairperson's email address (required): ddstanfield@gmail.com  
Chairperson's phone number (required): (602) 922-2421  
Chairperson's employer (required): Retired  
Chairperson's occupation (required): Retired

**Treasurer's Information:** Treasurer's name (required): Debra Stanfield  
Treasurer's physical address (required): 11216 E. Henderson Rd.  
Treasurer's mailing address (if different): Box 970  
Treasurer's email address (required): ddstanfield@gmail.com  
Treasurer's phone number (required): (602) 922-2421  
Treasurer's employer (required): Retired  
Treasurer's occupation (required): Retired

**Bank or Financial Institution:** Bank name (required): CHASE  
(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: Debra Stanfield Date: 9-23-20

Treasurer's signature: Debra Stanfield Date: 9-23-20

Candidate's signature (if applicable): Debra Stanfield Date: 9-23-20

RECEIVED

SEP 23 2020

2:06 p.m.

Dewey-Humboldt

STW.