Ď	Initial Application
	Amended Application
Da	ite:



COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):

MAR 25 2024

Candidate				
Committee Name (required): first or last name & office)	Guy PfISTER for TOWN OF PAYSON			
Candidate Information:	Candidate's Name (required): Guy FISTER			
	Candidate's mailing address (required): 815 N PONDEROSA CIRCLE PAY	15		
	Candidate's email address (required) Guy Pfister For Town of Payson Qual	.0		
	Candidate's phone number (required): (928) 951 5395			
Office Sought (chasse one):	Candidate's website (if any): County Office: District (if applicable):			
Office Sought (choose one):				
	City/Town Office: Town Council 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 Comr	nittee (PAC)	1000016		
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 (if applicable)	■ Standing Committee (must also complete separate standing committee registration)			

ò	Initial Application
	Amended Application
Da	ite:



COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 815 N. PONDEROSA Circle Payson Az 8553
	Committee's email address (required): Guy Phote for Town of Payson Qqual Cou
	Committee's phone number (if any): (928)'951 5395
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): Guy Prister
	Chairperson's physical address (required): 815 N Ponderosa Circle, Payson Az 8554
	Chairperson's mailing address (if different):SAME
	Chairperson's email address (required): Guy Prister for Townof Prison Qquail. Com
	Chairperson's phone number (required): (928) 951 5395
	Chairperson's employer (required): DELEX REALTY
	Chairperson's occupation (required): Realtor
Treasurer's Information:	Treasurer's name (required): VIANN PRISTER
	Treasurer's physical address (required): 815 N. Powderosa Circle, Payson Az 8554
	Treasurer's mailing address (if different):
	Treasurer's email address (required):
	Treasurer's phone number (required): (928)978 2922
	Treasurer's employer (required):
	Treasurer's occupation (required):
Bank or Financial Institution:	Bank name (required): WAFD
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):
ATION AND SIGNATURES:	

DE

chairperson or treasurer of the committee named herein, if applicable; (2) design committee and authorize it to receive/make contributions/expenditures on my be campaign finance and reporting guide; (4) agree to comply with Arizona election §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service o address(es) provided herein.	nate the above-named committee as my official candidate half, if applicable; (3) have read the Secretary of State's law, including campaign finance laws codified at A.R.S.
Chairperson's signature:	Date: 3-23-2024
Treasurer's signature: Trace Printer	Date:
Candidate's signature (if applicable):	Date: 3-23-2024