

☐ Initial Application  
☐ Amended Application  
Date: 4/18/2025



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

Filed with City Clerk  
4/21/25 9:11 am  
Sarah Sep

COMMITTEE TYPE (choose one):

## ☒ Candidate

Committee Name (required): Henry Ebarb for Prescott City Council  
(first or last name & office)

Candidate Information: Candidate's Name (required): Henry Ebarb II  
Candidate's mailing address (required): [REDACTED] Prescott, Arizona 86305  
Candidate's email address (required): henry@ebarbforprescott.com  
Candidate's phone number (required): 9284206275  
Candidate's website (if any): www.ebarbforprescott.com

Office Sought (choose one): ☒ County Office: \_\_\_\_\_ ☒ District (if applicable): \_\_\_\_\_  
☒ City/Town Office: Councilman ☒ District (if applicable): Prescott  
☒ School Board Office: \_\_\_\_\_ ☒ District (if applicable): Prescott  
☒ Special District Board: \_\_\_\_\_ ☒ District (if applicable): Prescott

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 (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 ID NUMBER  
(office use only)

### COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 1616 Iron Springs Road, Prescott, Arizona 8630  
Committee's email address (required): henry@ebarbforprescott.com  
Committee's phone number (if any): \_\_\_\_\_  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Andrew Stickel  
Chairperson's physical address (required): ██████████ Prescott, AZ 86305  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): ██  
Chairperson's phone number (required): ██████████  
Chairperson's employer (required): Self-employed  
Chairperson's occupation (required): Physical Therapy

**Treasurer's Information:** Treasurer's name (required): Theresa Brennan  
Treasurer's physical address (required): ██████████ Prescott, Arizona 86301  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): ██  
Treasurer's phone number (required): ██████████  
Treasurer's employer (required): Self-employed  
Treasurer's occupation (required): Accounting/Taxes

**Bank or Financial Institution:** Bank name (required): Chase Bank  
(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:  Date: 4/18/2025

Treasurer's signature:  Date: 04182025

Candidate's signature (if applicable):  Date: 4/18/2025