

Initial Application
 Amended Application
Date: 1/23/2020



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
MC-17-1

CITY CLERK

JAN 30 2020

OFFICE

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Committee to Elect Lisa Navarro Fitzgibbons for Casa Grande City Council
(first or last name & office)

Candidate Information:

Candidate's Name (required): 127 E. Laurel Circle

Candidate's mailing address (required): Same as Above

Candidate's email address (required): lisa@fitzgibbonslaw.com

Candidate's phone number (required): 520-371-1425

Candidate's website (if any): www.lisaforcasagrande.com

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: Casa Grande City Council District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2020

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)

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COMMITTEE ID NUMBER
(office use only)
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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 127 E. Laurel Circle
Committee's email address (required): lisafitzgibbons@gmail.com
Committee's phone number (if any): 520-371-1425
Committee's website (if any): www.lisaforcasagrande.com

Chairperson's Information:

Chairperson's name (required): Carmen Auza
Chairperson's physical address (required): 843 W. Cottonwood Lane, Casa Grande, AZ 85122
Chairperson's mailing address (if different): Same as Above
Chairperson's email address (required): caauza@people.com
Chairperson's phone number (required): 520-426-9316
Chairperson's employer (required): Joe Auza Sheep Co.
Chairperson's occupation (required): Self-Employed

Treasurer's Information:

Treasurer's name (required): Lupe Mendez
Treasurer's physical address (required): 1233 E. Clearview Dr.
Treasurer's mailing address (if different): Same as Above
Treasurer's email address (required): lupe@fitzgibbonslaw.com
Treasurer's phone number (required): 520-426-3824
Treasurer's employer (required): Fitzgibbons Law Offices, P.L.C.
Treasurer's occupation (required): Office Manager

Bank or Financial Institution:

(do not list acct numbers)

Bank name (required): Great Western Bank

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: Carmen A Auza Date: 1-30-20

Treasurer's signature: Lupe J. Mendez Date: 1-30-20

Candidate's signature (if applicable): Lupe N. Mendez Date: 1-30-2020